

Life Cover Claim Form

Policy Number: _____

Important:

If there is more than one beneficiary on a policy, each beneficiary must complete this form.

Send this completed form to: easyprotectclaims@sanlam.co.za or attach it with your claim submission on our website.

Required documents:

This fully completed form must be sent to us together with the following documents:

- Certified copy of Death Certificate of the policyholder
- Certified copy of ID Document/Card of the policyholder
- Certified copy of ID Document of the beneficiary (if beneficiary is a minor, include certified ID copy of the guardian or parent)
- Proof of banking details of the beneficiary (not older than 3 months)
- Completed DHA 1663A form - Notice of Death / Stillbirth (All three pages)
- Completed DHA 1663B form - Medical Certification of Cause of Death
- Completed Police Report (***only in cases of Unnatural / Accidental Death***)

Please note: We may also request a medical certificate from the deceased's doctors (in addition to the above)

A. Particulars of the deceased & family doctor

Deceased's name & surname: _____

Deceased's Identity Number _____

Name of family doctor: _____

Contact number: _____ Doctor's email address _____

B. Who should Easy Equities communicate with:

During the claim process we will communicate with the correspondent (person you choose to receive the correspondence). Please provide the details of your chosen correspondent.

Beneficiary Broker/Advisor Executor Family member Other (specify)

First names: _____

Surname: _____

ID Number: _____

Relation to deceased: _____

Contact number: _____

Email address: _____

Residential address: _____

C. Bank account details

This is the bank account you authorise us to pay the funds into for an approved claim

Accountholder Beneficiary Guardian Cessionary Estate Trust

Natural Person:

Accountholder full name & surname: _____

Previous surname (if applicable): _____

ID Number: _____

Date of birth: _____

Gender: ____

Relation to deceased: _____

Legal Entity:

Registered name: _____

Trade name: _____

Registration number: _____

Bank name: _____

Account number: _____

Branch code: _____

Branch name (if available): _____

Account type (*Savings or Cheque or Transmission*): _____

D. Details of controlling party / Beneficial owner of Legal Entity

(NB: this section must only be completed if the payout is to be made to a Legal Entity)

First names: _____

Surname: _____

Previous surname (if applicable): _____

ID Number: _____ Date of birth: _____ Gender: _____

Contact number: _____

Email address: _____

Residential address: _____

E. Declaration

I declare that I have completed this document and that I understand the information in this document. I confirm that the information submitted in this document and the supporting documentation which I've submitted are true and correct.

Full Name & Surname: _____

ID Number: _____

Signature: _____ Date: _____