APPLICATION FOR A **FUNERAL CLAIM**

CAPITAL LEGACY™

SECTION A Check list:

A separate application must be completed for each policy number and life assured	Yes ☐	No ☐
Certified Copy of the claimant's identity document	Yes ☐	No ☐
Certified Copy of the deceased's identity document	Yes ☐	No ☐
Certified Copy of the death certificate	Yes ☐	No ☐
Certified Copy of the BI 1663: Notification of Death (obtainable from the doctor who certified the death or the undertaker)	Yes ☐	No ☐
Funeral parlour invoice including: telephone number, physical address and stamp	Yes ☐	No ☐
Proof of banking details of the claimant	Yes ☐	No ☐
In the event of an unnatural death, a Statement by Police must be completed	Yes ☐	No ☐

Capital Legacy Solutions reserves the right to request any additional information and documentation it deems necessary to verify the claim. Incomplete details and unclear documentation may cause delays and may need to be requested

SECTION B Section guide:

Please complete the following sections:

SECTION 1 – Declaration for Funeral Claims Page 2 / **SECTION 2** – Details of Claimant Page 3 / **SECTION 3** – Payment Details Page 3

SECTION C Declaration for funeral claim:

Policy number		Policyholder	
Telephone (H)		Telephone (W)	
Name of deceased			
Relationship	to claimant		
Last known address of deceased	CODE		
Date of birth	DD / MM / YYYY	Date of death	DD / MM / YYYY
Identity number	of deceased		
Exact cause of death			
Town of death		Duration of illness	
Hospital name		Telephone number	
Hospital address	CODE		
Patient number		Ward & bed number	
Name of tribal chief	if applicable		
Address of chief	CODE		

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Date of funeral	DD / MM / YYYY	Funeral parlour	DD / MM / YYYY
Address of funeral parlour	CODE		
Telephone number			
Place/Cemetery	where buried	Grave number	
Police station where death reported:			

Doctor who completed the B1 1663

Doctor's name			
Physical address or company stamp	CODE		
Telephone number		Fax number	
Email address		Completed date	DD / MM / YYYY

Was the deceased a scholar/student/employed? Yes ☐ No ☐

Name of instution	if applicable	Principals name	if applicable
Name of employer	if applicable	Manager's name	if applicable
Telephone number			
Physical address or company stamp	CODE		

SECTION D Details of claimant:

Full name		Identity number	
Cellular number		Email address	
Employer		Telephone (W)	

I, in my capacity as the claimant, declare and warrant that all statements and answers which may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure, which materially affects the assessment of this claim, will entitle Capital Legacy Solutions to declare this claim null and void and claim any monies paid for this benefit back from the estate of the deceased.

I agree that the supply of this form or of any other forms is not an admission by you that there was any assurance in force on the life of the deceased or a waiver of any of your rights or defense in law.

By signing this document, I confirm that I have a legal right and entitlement to claim the relevant benefits. Upon payment of the benefits, I absolve and discharge Capital Legacy Solutions, including its subsidiaries, their successors and associated companies, from any claims or further liability which may arise in relation to the policies mentioned above.

Signature		Date	DD / MM / YYYY
Date	DD / MM / YYYY	Time	
Place		Branch	

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SECTION E Payment details:

Should an erroneous overpayment of benefits, loans and/or investment returns occur under this policy, for whatever reason, such overpaid amounts will become payable to Capital Legacy Solutions on demand. Capital Legacy Solutions accepts no responsibility if incorrect banking details are provided. For your protection payment will only be effected by Electronic Fund Transfer, this will also ensure faster payment. Payment may only be made to the owner/nominated beneficiary. Should bank details differ to the account details on record, please provide proof of account i.e. a copy of a cancelled cheque OR copy of a current bank statement on a bank letterhead OR a copy of a printout from the bank with a bank stamp.

Please complete the following:

Bank name		Account type	Current ☐ Savings ☐ Transmission ☐
Account number		Account holder	
Branch name		Branch code	

Signed

Date

Please note that in the event of any modification or variation of this standard form Capital Legacy will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

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