

## SECTION A Capital Legacy Solutions Immediate Liquidity Benefit claim for:

Requirements to successfully process this claim:

1. Death Certificate
2. Completion of this form by the beneficiary of this benefit
3. ID document of the beneficiary
4. Proof of banking details of the beneficiary

## SECTION B Claimant details:

Policy number	<input type="text"/>		
Title & Full names	<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text"/>	ID number	<input type="text"/>
Residential address	<input type="text"/>		
Postal address	<input type="text"/>	Email address	<input type="text"/>

## SECTION C Deceased details:

Title & Full names	<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text"/>	ID number	<input type="text"/>
Residential address	<input type="text"/>		
Date of death	<input type="text"/>		
Cause of death	<input type="text"/>		

## SECTION D Bank details:

Bank name	<input type="text"/>	Account type	Current <input type="checkbox"/>	Savings <input type="checkbox"/>
Branch name	<input type="text"/>	Branch code	<input type="text"/>	
Account number	<input type="text"/>	Account holder	<input type="text"/>	

# DECLARATION BY APPLICANT

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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature

**Please note:** Capital legacy undertakes to pay this benefit within 48 hours of receipt of this claim form and the additional requirements listed above. We may however withhold payment of the benefit should reasonable additional requirements be required and you will be notified of such.

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