

CLAIM WAIVER PROCESS (ONLY FOR BENEFITS WITHIN A WAITING PERIOD)



I, (full name):

Identity number:

Beneficiary of the: Indemnity Plan™ Spouse Immediate Liquidity Child Immediate Liquidity Parent Immediate Liquidity

Full name of deceased:

Identity number:

Policy number:

hereby confirm that I understand, acknowledge and accept that the policy is within a month waiting period and as the Insured has passed away due to natural causes, no cover was yet in place for this type of death.

Exact Cause of Death (e.g. Cancer / Heart Attack):

I waiver the claim process and request that Capital Legacy return the paid premiums into my account as the nominated Beneficiary.

Supporting Documents to successfully process:

- Death Certificate
- Certified copy of Beneficiary's bank statement confirming the account details into which the refund needs to be made into.

Beneficiary

Date signed

Witness one (1) name and surname

Witness one (1) signature

Witness two (2) name and surname

Witness two (2) signature