

# EXTENDED SPOUSE / CHILD / PARENT IMMEDIATE LIQUIDITY™ BENEFIT CLAIM



## REQUIREMENTS TO SUCCESSFULLY PROCESS THIS CLAIM:

A separate application must be completed for each policy number and life assured.

Please complete all questions

- DHA-1663 Notice of Death / Stillbirth form.
- Copy of Death Certificate.
- Copy of the ID document of the Plan Holder.
- Proof of banking details of the Plan Holder

Claiming on Spouse Benefit:

- Marriage Certificate / Lobola Letter / Tribal Chief confirmation of marriage

Claiming on Child Benefit:

- Unabridged birth certificate / Adoption Order

Additional Requirements if: Death due to unnatural causes.

- Police declaration form to be completed by the investigating officer.
- In the event of an accident we also require the Accident Report (AR) Form completed at the scene

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.

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.

## SECTION A: PLAN HOLDER DETAILS

Plan Holder full name:

Policy number:         ID number:

Cellular number:  Telephone (W):

Email address:

NB: Claims department will send correspondence and copies only where this information has been supplied. In other circumstances, correspondence will be directed to the beneficiaries.

## SECTION B: DECEASED DETAILS

Full name of deceased:

Relationship to claimant:  Spouse  Child  Parent

Last known address of deceased:

ID number:  Date of death:

Exact cause of death (please do not use natural causes, state the actual cause e.g. cancer)

Town of death:  Duration of illness:

Hospital name:

Hospital address:

Telephone number:  Patient file number:

Date of funeral:         Funeral parlour name:

General physician name:

Physical address:

Telephone number:

Email address:

## SECTION C: PAYMENT DETAILS

Should an erroneous overpayment of benefits 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.

Please complete the following:

Bank name:  Account type:  Current  Savings

Account number:  Account holder:

Branch code:  Swift code:

## SECTION D: DEATH CLAIM DECLARATION

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.

I, the Plan Holder of this claim hereby gives Capital Legacy consent to request medical information of the deceased in order to validate the claim.

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 \_\_\_\_\_

Claimants signature

Witness signature

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.