



# Funeral Claim Form

Liberty Life – an Authorised Financial Services Provider

## Requirements

Please take careful note of the required documentation when claiming:

- Copy of the Premium Schedule
- Certified copy of the death certificate or notification of death from Chiefman
- Certified Acceptable proof of Identity for all claimants and of main member
- Copy of Police report, if applicable.
- If the claim is for spouse, child or extended family member, sufficient proof of relationship to the main member
- All payment to be made into a bank account. Proof of the claimant's bank details

Liberty Life reserves the right to call for additional requirements where deemed necessary

## Policyholder (Life Assured)

First name																													
Surname																													
Approved form of identity															Date of birth	D	D	M	M	C	C	Y	Y						
Policy number																													
Contact details – Telephone no				-								Cell no				-													
E-mail																													
Address																									Postal code				

## Claimant (complete if different from Life Assured)

First name																													
Surname																													
Approved form of identity number															Date of birth	D	D	M	M	C	C	Y	Y						
Relationship to policyholder																													
Contact details – Telephone no				-								Cell no				-													
E-mail																													
Address																									Postal code				

## Funeral benefit claim (details of deceased)

Is the deceased the	Principal Life Assured	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Extended family member	<input type="checkbox"/>																				
First name																												
Surname																												
Approved form of identity															Date of birth	D	D	M	M	C	C	Y	Y					
Relationship to policyholder																												
Date of death	D	D	M	M	C	C	Y	Y	Cause of death																			

## Payment details

Account type	Savings account	<input type="checkbox"/>	Transmission account	<input type="checkbox"/>	Current account	<input type="checkbox"/>	Credit card	<input type="checkbox"/>																					
Name of account holder																													
Name of bank																													
Branch															Branch code														
Account number																													
Approved form of identification															Contact details				-										

Signature of account holder															Date	D	D	-	M	M	-	C	C	Y	Y
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Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect.  
Do not sign blank or incomplete forms.

## Declaration

I, in my capacity as the claimant, declare and warrant that all statements and answers given are true and complete. I further understand that any misstatement or non disclosure of information which materially affects the assessment of this claim will entitle Liberty Life to declare this claim null and void.

Employer stamp (if applicable)

Authorised signatory of claimant

Date

D	D	-	M	M	-	C	C	Y	Y
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