



Clientèle

INVESTMENTS

DEATH CLAIM / CONTINUATION FORM

Deceased Details

Policy Number	<input type="text"/>	Place of death	<input type="text"/>
First name(s)	<input type="text"/>	Date of death	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>
Surname	<input type="text"/>	ID number	<input type="text"/>

Death claim or continuation (Select below)

Continue with the Policy

Submit Death Claim

Beneficiary Details

First name(s)	<input type="text"/>	Postal address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
ID number	<input type="text"/>	Suburb	<input type="text"/>
Tel number	<input type="text"/>	City/Town	<input type="text"/>
Cell number	<input type="text"/>	Postal Code	<input type="text"/>

Banking Details of Beneficiary

(If submitting a death claim or in the case of an Income Plan for the annuity payments)

Account holder	<input type="text"/>	Branch	<input type="text"/>
Bank name	<input type="text"/>	Code	<input type="text"/>
Account number	<input type="text"/>	Account type:	<input type="text"/>

New Policy Owner's Beneficiary/ies' Details

First name(s)	<input type="text"/>	First name(s)	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
ID number	<input type="text"/>	ID number	<input type="text"/>
Share	<input type="text" value="%"/>	Relation	<input type="text"/>
		Share	<input type="text" value="%"/>
		Relation	<input type="text"/>

Declaration

I, the claimant do hereby warrant the truth of the above statements

Signed at _____ on the _____ day of _____ 20 _____

Claimant's signature _____


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Requirements to continue with the investment or to submit a death claim:

- A fully completed, clear and signed notification of this form
- Certified copy of the death certificate
- Copy of beneficiary/ies Identity Document/s
- Proof of Beneficiary/ies or Estate bank details (cancelled cheque, stamped bank statement not older than 3 months or letter from the bank confirming the account)
- Proof of residential address in beneficiary/ies' name – not older than 3 months:
 - Utilities account
 - Telephone account
 - Bank statement
 - Affidavit from a third party confirming the address

The documentation requested above is material to the assessment of the claim and is required to facilitate payment/transfer.

Please send this form and required documentation to:

 Fax: 011 783 0115

 email: investments@clientele.co.za

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