



Liberty Group Limited – an Authorised Financial Services Provider
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CLAIMANT'S STATEMENT FOR DEATH CLAIM (EXCLUDES RETIREMENT ANNUITY, PENSION/PROVIDENT FUND)

We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

Please send the completed form to Liberty by:

- Email: opsclaims@liberty.co.za
- Fax: (011) 408 2005
- Post: PO Box 10499, Johannesburg, 2000

Standard requirements – please attach copies of the following documents

- Death certificate
- Beneficiaries' ID document or copy of the back and front of ID smart card
- Passport if beneficiary is overseas
- Unabridged birth certificate if beneficiary is a minor
- Proof of each beneficiary's bank account details (original bank statement/cancelled cheque)
- Notice of death (BI 1663 / DHA 1663) obtainable from the doctor who certified the death or the undertaker
- Extract of Medical History (PMA) if the policy is less than 3 years.

In the event of unnatural death:

- Police statement completed by investigating officer.

NOTES:

- *If the beneficiary lives abroad and is applying for foreign exchange control approval the above requirements must be certified and contain the full name/s, surname, designation and physical address of the Commissioner of Oaths or Notary Public. These must appear on a stamp or be clearly handwritten and recorded that the documents are "certified a true copy of the original".*
- *Foreign exchange control approval takes a minimum of 8 weeks from date of submission of all the documents required by Standard Bank, in order to process this application.*

Section 1 – Deceased's details

Policy number/s																									
Surname																									
First name/s																Initials									
ID number																									
Date of death			/			/															Place of death _____				
Tax reference number											(compulsory for tax purposes)														
Medical aid scheme																									
Medical aid number																									

Executor's details:

Name _____	Contact number _____
Email address _____	

Cause of death

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Genito urinary disorder e.g. kidney failure, endometriosis, hysterectomy, multi organ failure <input type="checkbox"/> Central nervous system e.g. Parkinsons, multiple sclerosis, epilepsy, motor neuron <input type="checkbox"/> Gastro intestinal disorder e.g. gall bladder, liver, stomach, pancreas, Crohns <input type="checkbox"/> Endocrine disorder e.g. diabetes, thyroid, pituitary glands, malnutrition <input type="checkbox"/> Cerebrovascular disease e.g. stroke, aneurysm <input type="checkbox"/> Respiratory disorder e.g. pneumonia, asthma <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular disease e.g. heart condition <input type="checkbox"/> Blood disorder e.g. septicaemia, anaemia <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Murder <input type="checkbox"/> Suicide |
|--|--|

- 1.1 Was death reported to police? Yes No
 If "Yes", please provide case number _____
- 1.2 Was the deceased employed at the date of death? Yes No
 If "Yes", state occupation at date of death _____
- 1.3 Name of deceased's employer at date of death _____

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

