

## CREDIT LIFE - DEATH CLAIM FORM

Scheme name \_\_\_\_\_ Scheme number \_\_\_\_\_

### Standard requirements – please attach copies of the following documents

- Death certificate.
- ID document/copy of the back and front of ID smart card or birth certificate.
- Copy of loan/credit agreement.
- Detailed loan/credit statement from inception.
- Retrenchment letter on company letterhead with date of retrenchment and reason (if applicable).
- Any other documentation as requested by Capital Alliance Group Risk.

### Section 1 – Creditor's personal details

Creditor's name \_\_\_\_\_

Capital Alliance policy number \_\_\_\_\_

### Section 2 – Life assured details

Policy number/Scheme number \_\_\_\_\_

Surname \_\_\_\_\_

First names \_\_\_\_\_ Initials \_\_\_\_\_

ID number \_\_\_\_\_ Date of birth DD / MM / YYYY

Inception date DD / MM / YYYY

### Section 3 – Benefit selection

Date of death DD / MM / YYYY Date of retrenchment DD / MM / YYYY

Instalment indemnity cover (retrenchment) R

Monthly instalment amount R

### Section 4 – Banking details

Name of bank \_\_\_\_\_

Account holder's name \_\_\_\_\_

Account number \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Account type  Cheque account  Savings account  Transmission account

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature of account holder

## Section 5 – Authorisation and discharge

We hereby certify that the above information is true and correct in every detail, and Capital Alliance Group Risk is hereby authorised to make a payment as stated above. We agree payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to Capital Alliance Group Risk of its liability in terms of the rules of the fund.

### Remarks

Signed at \_\_\_\_\_

on \_\_\_\_\_

\_\_\_\_\_  
Authorised signatory

Creditor's stamp

### Contact us

#### Queries

For more information, please contact your accredited Liberty financial adviser, or the Capital Alliance Group Risk contact centre

#### Contact centre

Tel.: +27 (0)11 408 1169

Fax: +27 (0)11 694 5378

Email address: GR-Info@grouprisk.co.za

Alternatively, you can write to us or visit our walk-in centre in Johannesburg.

#### Contact centre – Postal address

OR

#### Walk-in centre address

#### Capital Alliance Group Risk

#### Liberty Corporate

P O Box 2094

Johannesburg

2000

#### Libridge Building – 9<sup>th</sup> floor

25 Ameshoff Street

Braamfontein

Johannesburg

### Complaints

If your query, or issues that arise from it, are not resolved to your satisfaction by your financial adviser or our servicing staff within a mutually agreed timeframe, please lodge a complaint to us by accessing our complaints form on

<http://www.liberty.co.za/Pages/contact-us.aspx>.

Alternatively, you may submit your complaint, in writing to:

#### The Complaints Resolution Manager

OR

#### The Liberty Internal Adjudicator

P O Box 2094

Johannesburg

2000

Fax +27 (0)11 408 4440

[contactlcb@liberty.co.za](mailto:contactlcb@liberty.co.za)

P O Box 10499

Johannesburg

2000

Fax +27 (0)11 408 4195

Email: [internaladjudicator@liberty.co.za](mailto:internaladjudicator@liberty.co.za)

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The fund/participating employer and member numbers relating to the query/complaint
- What you are expecting from us in terms of resolving the issue(s)
- Your contact details so that we can get hold of you
- Any correspondence from Liberty that lead to the query
- The names of the people you have dealt with so far, if applicable
- The dates and times of these contacts
- Any other event that triggered the query, for example, an article in a newspaper

Our complaints handling procedure is available from our website ([www.liberty.co.za](http://www.liberty.co.za)) or we can send it to you on request. You must refer **complaints resulting from advice provided by an independent broker or another financial services provider** to the broker or financial services provider concerned.

We will endeavour to address and resolve your complaint. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following regulatory bodies for assistance.

### The Ombudsman for Long-term insurance

If you have any unresolved complaints about long-term insurance policy (death, disability, dread disease, etc) that is subject to the jurisdiction of the long-term insurance Act 52 of 1998, you may contact the Long-term insurance Ombudsman.

Address	Telephone	Fax	Email address
The Honourable Mr Justice RP McLaren Ombudsman for Long-term insurance Private Bag X45 Claremont 7735	+27 (0)12 657 5000  Share call +27 (0)86 010 3236	+27 (0)21 675 0951	<a href="mailto:info@ombud.co.za">info@ombud.co.za</a>

### Complaints against a financial adviser

#### The FAIS Ombudsman

If you have any unresolved complaints or disputes about advice that was given to you by a financial adviser after 30 September 2004, contact the FAIS Ombudsman.

Address	Telephone	Fax	Email address
Ms Noluntu Bam The FAIS Ombudsman PO BOX 74571 Lynnwood Ridge 0040	+27 (0)12 470 9080  Share call +27 (0)86 048 3446	+27 (0)12 348 3447	<a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>