



CORPORATE FUNERAL AND SPOUSE'S DEATH BENEFIT CLAIM FORM

Please note, field marked with an asterisk (*) are compulsory and claims cannot be processed without this information.

Section 1 - Member details

Fund name	_____	Fund number	_____*
Employer name	_____	Employee/payroll ref number	_____
Member's ID number	_____*	Membership number	_____*
Member's full name (as per ID document):	Surname _____ Forenames _____		

Section 2 - Deceased details

Full names (if not the member):	Surname _____ Forenames _____		
Cause of death	_____	Date of death	_____
Relationship to member (if not the member):	_____		
Please tick one of the following blocks,	<input type="checkbox"/> Child	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse
If child, please tick the applicable block:			
<input type="checkbox"/> 0 – 5 years	<input type="checkbox"/> 6 – 13 years	<input type="checkbox"/> 14 – 20 years	<input type="checkbox"/> 21 – 25 years studying (proof required)
			<input type="checkbox"/> over 21 years handicapped (proof required)

Section 3 - Payee details – Funeral

Please clearly indicate with an X who should be refunded

*PAY Employer Member Beneficiary

Name of account holder	_____*		
Name of bank	_____*		
Name of branch	_____*	Branch number	_____*
Account number	_____*	Type of account	_____*
Company registration number used to open the account (only if employer is payee)	_____		

NOTE: Payment made to beneficiaries may take longer to process due to verification done on their bank accounts.

Section 4 - Spouse's death benefit (please complete only if this benefit is offered on this fund)

Forenames	_____	Surname	_____
Date of birth	_____	Date of death	_____

Section 5 - Payee's bank details – Spouse's death benefit (please complete only if this benefit is offered on this fund)

Please clearly indicate with an X who should be refunded

REFUND Employer Member Beneficiary

Name of account holder	_____		
Name of bank	_____		
Name of branch	_____	Branch number	_____
Account number	_____	Type of account	_____

(An **ORIGINAL** cancelled cheque or **ORIGINAL** bank account statement must be attached for verification purposes, otherwise processing could be delayed)

NOTE: Payment made to beneficiaries may take longer to process due to verification done on their bank accounts.

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.**

Section 6 - Documentary requirements

- Copy of member's passport or identity document/copy of the front and back of the ID smart card. ENCLOSED
- Copy of deceased identity document or birth certificate. ENCLOSED
- Certified computerised copy of death certificate. ENCLOSED
- Certified proof of relationship, i.e. abridged birth certificate, marriage certificate or an affidavit written by the member, signed in the presence of a commissioner of oaths. ENCLOSED
- Proof of registration of child aged 21-25 years and still studying. ENCLOSED
- Proof of full doctors report or social grant for child over 21 years and incapacitated. ENCLOSED

Section 7 - Employer's declaration

It is declared that the member commenced employment on _____* and was actively in our service at the date benefits are claimed, and that the deceased satisfied the conditions to be an eligible member/spouse/child as the case may be.

We hereby declare that the above information and answers are true and correct.

Authorised signatory *

Date



Disclaimer

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. Errors and omissions are excluded. The information contained in this document does not constitute financial, tax, legal or accounting advice by Liberty. Any legal, technical or product information contained in this document is subject to change from time to time. If there are any discrepancies between this document and the contractual terms or, where applicable, any fund rules, the latter will prevail. Any recommendations made must take into consideration your special needs and unique circumstances. Liberty Group Ltd is an Authorised Financial Services Provider in terms of the FAIS Act (no. 2409). ©Liberty Group Ltd. All rights reserved.

Contact us

Our service level agreement for the payment of funeral claims is **2 working days**. Please **ONLY** contact us if you have not received payment within this timeframe.

Queries

For more information, please contact your accredited Liberty financial adviser, or the Liberty Corporate support centre:

Contact centre

Tel.: +27 (0)11 408 2999

Fax: +27 (0)11 408 2264

Email address: lc.contact@liberty.co.za

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

Contact centre – Postal address

Liberty Corporate

P O Box 2094
Johannesburg
2000

OR

Walk-in centre address

Libridge Building – 9th 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

P O Box 2094
Johannesburg
2000
Fax +27 (0)11 408 4440
contactlcb@liberty.co.za

OR

The Liberty Internal Adjudicator

P O Box 10499
Johannesburg
2000
Fax +27 (0)11 408 4195
Email: 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) 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.

Fund complaints

The Principal Officer

The Principal Officer is responsible and accountable for the day-to-day affairs of the Fund. If you have any unresolved complaints regarding the running of the fund, you may contact the Principal Officer of your fund details are available from your Administrator.

The Pension Funds Adjudicator

If you have any unresolved complaints about your **corporate fund** (pension, provident or preservation fund) that are subject to the jurisdiction of the Pension Funds Act 24 of 1956, you may contact the Pension Funds Adjudicator.

Address	Telephone	Fax	Email address
The Pension Funds Adjudicator P O Box 580 Menlyn 0063	+27 (0)12 346 1738	+27 (0)86 693 7472	enquiries-jhb@pfa.org.za

The Ombudsman for Long-term Insurance

If you have any unresolved complaints about a 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)21 657 5000 Share call +27 (0)86 010 3236	+27 (0)21 674 0951	info@ombud.co.za

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 number	Fax number	Email address
Ms Noluntu Bam The FAIS Ombudsman P O Box 74571 Lynnwood Ridge 0040	+27 (0)12 470 9080 Share call +27 (0)86 048 3446	+27 (0)12 348 3447	info@faisombud.co.za