

FUNERAL BENEFIT CLAIM FORM

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

Section 1 - Member details

Scheme name	_____	Scheme number	_____*
Member's ID number	_____*	Membership number	_____*
Member's full name (as per ID document):	Surname	_____	
	First names	_____	

Section 2 - Deceased details

Full names (if not the member):	Surname	_____	
	First names	_____	
Cause of death	_____	Date of death	_____
Relationship to member (if not the member)	_____		
Please select one of the following:	<input type="checkbox"/> Child	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse
If child, please provide the age:	<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 who should be refunded:* Employer Member Beneficiary

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

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

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

Section 4 - 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
- Computerised copy of death certificate. ENCLOSED
- Proof of relationship, i.e. abridged birth certificate, marriage certificate or an affidavit written by a third party, 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

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 5 - 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.

Signed at _____ on _____

Authorised signatory *



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

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 – 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

OR

The Liberty Internal Adjudicator

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

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.

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	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	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	info@faisombud.co.za