

FUNERAL CLAIM FORM - VOLUNTARY BENEFIT

Scheme name _____

Scheme number _____

Supporting documents

For Main member's death

- Fully completed Funeral claim form, signed and stamped by authorised signature
- Copy of computerised/computerised abridged (also accept) certified death certificate
- Copy of the members certified ID document or copy of back and front of the ID smart card
- Copy of the membership application form signed and dated
- Copy of premium schedule indicating the main members premium payment history for the past 12 months
- If the cause of death is unnatural (and there is a suicide clause) - a copy of the completed BII663 indicating the cause of death or police report
- All payment is to be made into a bank account. We require proof of bank details (copy of bank statement confirming the account holder's full names, account number and branch code. The copy must have a bank stamp on)

Checklist for - Spouses death

- Fully completed Funeral claim form, signed and stamped by authorised signature
- Copy of deceased's ID document or copy of back and front of the ID smart card
- Copy of computerised/computerised abridged (also accepted) death certificate
- Copy of the main member's ID document or copy of back and front of the ID smart card
- Copy of the member application form signed and dated
- Copy of the marriage certificate, if not available, we require a declaration from a third party i.e. Tribal chief/community leader of minister of religion confirming the relationship
- Copy of premium schedule indicating the main members premium payment history for the past 12 months
- If cause of death is unnatural and there is a suicide clause- a copy of the policy report is required or copy of complete BII663 indicating the cause of death
- All payment is to be made into a bank account. We require proof of bank details (copy of bank statement confirming the account holder's full names, account number and branch code. The copy must have bank stamp on)

Checklist for – Children's death

- Fully completed funeral claim form, signed and stamped by authorised signature
- Copy of deceased's identity document/ birth certificate or copy of back and front of the ID smart card
- If not birth certificate is available – a copy of the clinic card is required
- Copy of the death certificate
- Copy of the main member's identity document or copy of back and front of the ID smart card
- Copy of premium schedule indicating the main members premium payment history for the past 12 months
- Copy of the member application form signed and dated
- If cause of death is unnatural and there is a suicide clause- a copy of the policy report is required or copy of complete BII663 indicating the cause of death
- If cause of death is unnatural – copy of the police report is required (for children over age 14)
- If a child dies and the surname differs from the main member we would require a affidavit from the main member and other parent confirming the biological parent status
- If the child is over the of 21 – we require a copy of a letter from the school confirming the child's registration and current grade that the child was attending of letter from a tertiary institution.
- All payment is to be made into a bank account. We require proof of bank details (copy of bank statement confirming the account holder's full names, account number and branch code. The copy must have bank stamp on)

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.**

Checklist for – Voluntary benefit

- Fully completed funeral claim form, signed and stamped by authorised signature
- Copy of deceased's identity document/birth certificate/copy of back and front of the ID smart card/passport
- Copy of computerised/computerised abridged (also accepted) death certificate
- Copy of the main member's ID document /copy of back and front of the ID smart card/passport
- Copy of South African work permit (if applicable)
- Copy of premium schedule indicating the main members premium payment history for the past 12 months
- Copy of the member application form signed and dated
- If cause of death is unnatural and there is a suicide clause- a copy of the policy report is required or copy of complete BII663 indicating the cause of death
- All payment is to be made into a bank account. We require proof of bank details (copy of bank statement confirming the account holder's full names, account number and branch code. The copy must have bank stamp on)

Please help us to help you by submitting relevant documentation detailed above so that we can process your claim quickly.

Please note that incomplete claim forms or documentation will result in delays in the processing of your claim.

Please note that Capital Alliance Group Risk may request additional documentation in order to assess your claim.

Section 1 – Details of main member

Surname	_____		
Full names	_____	Initial	_____
ID number of deceased	_____		
Date of birth	DD / MM / YYYY		
Member number	_____		
Physical address	_____		
		Postal code	_____
Postal address	_____		
		Postal code	_____
Contact details	Home _____	Work _____	Cell _____
Email address	_____		

Section 2 – Details of the deceased

Surname	_____		
Full names	_____	Initial	_____
ID number of deceased	_____		
Date of birth	DD / MM / YYYY		
Member number	_____		
Physical address	_____		
		Postal code	_____
Postal address	_____		
		Postal code	_____
Relationship of main member (spouse, child, nominated member etc.)	_____		

Payment details

For security reasons we recommend that payment be made directly into your bank account. We require proof of your banking details (cancelled cheque or a bank statement confirming the account holder's full names, account number and branch code).

Name of bank	_____		
Account holder's name	_____		
Account number	_____		
Branch name	_____	Branch code	_____
Account type	<input type="checkbox"/> Cheque account	<input type="checkbox"/> Savings account	<input type="checkbox"/> Transmission account

Section 3 - Declaration

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 payments 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

Employer'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 – 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