

NOTIFICATION OF MEMBER'S DEATH RE-INSURED

Scheme name _____ Scheme number _____

Section 1 - Member's details

Employer _____
Surname _____
First names _____
ID number _____ Payroll number _____
Date of birth DD / MM / YYYY
Member's salary at date of death R _____
Was the member at work on the date that he/she became eligible for membership Yes No
If "No," please state reason for absence _____
Please state if actively at work at date of death Yes No
If "No," please state date when last at work and reason for subsequent absence? DD / MM / YYYY

Section 2 - Payment details

We hereby authorise Capital Alliance Group Risk to pay the benefit into the following account
Bank name _____ Account number _____
Branch name _____ Branch code _____
Account holder's name _____
Account type Cheque account Savings account Transmission account

Note: We require proof of your banking details (cancelled cheque or bank statement confirming the account holder's full names, account number and branch code).

Section 3 - Supporting documents

Please attach the following supporting documents

- Death certificate.
- Copy of ID document of the member/ copy of back and front of the ID smart card.
- Supporting documentation required per section 2 above.
- Copy of payslip 1 month prior to death.
- Any other documentation as requested by Capital Alliance Group Risk.

Section 4 - 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 own Liability in tem of the fund.

Remarks _____
Signed at _____ on _____

Authorised signatory

Employer's stamp

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.**

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