





## 2. Particulars of Claimant

Surname: \_\_\_\_\_

Full Name: \_\_\_\_\_

NRC Number:

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Tick Box

Male  Female

Date of Birth:

## 3. How would you like premium being paid for the deceased to be treated, please tick your option:

Delete Premium  Take Premium into Investment Account  Add another Life

NB: Premium can only be deleted subject to the minimum premium requirement on the policy. If adding another life complete part C of page 4 of this form.

## 4. Payment Details

Account Number:

Name of Bank and Branch: \_\_\_\_\_

## 5. Declaration

I/We further declare that the above statements and answers to the above questions are true and full, that I/We have withheld no material information and that I/We undertake to furnish any documentation which may be required by Sanlam. I/We expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who knew or attended or examined the deceased, or any institution in which the deceased was known or received treatment, to disclose any knowledge or information which was thereby acquired and I authorise all such persons or agencies to furnish any information in their possession to Sanlam.

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

Signature(s) of claimant(s)

Date:

Witnesses

Date:

## Remarks by Branch Representative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names: \_\_\_\_\_ Date:  Signature: \_\_\_\_\_



## OFFICE USE (STRICTLY CLAIMS OFFICIALS)

### Documents Submitted

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Pay slip     | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Proof of Bank NC  | <input type="checkbox"/> Deceased I.D | <input type="checkbox"/> Claimant I.D      | <input type="checkbox"/> Affidavit            |

Completed by: \_\_\_\_\_

Date:

### Premium Payment

Monthly Premium: K \_\_\_\_\_

Payor: \_\_\_\_\_

Month First Premium Paid: \_\_\_\_\_

Month Last Premium Paid: \_\_\_\_\_

Does the deceased's age match with that on Policy?: \_\_\_\_\_

Amount of outstanding Premium (see part B on page 4 overleaf): K \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

Date:

**First Signatory: I have verified and approved this claim.**

Signature: \_\_\_\_\_

Date:

**Final Signatory: I have verified and approved this claim.**

Signature: \_\_\_\_\_

Date:

### Claim Discharge

Cheque No. \_\_\_\_\_

Amount: K \_\_\_\_\_

Claimants Signature on collection of cheque: \_\_\_\_\_

Date:

Thumb Print:

### Our Service Standard

On receipt of the full documentation, we will immediately pay the whole benefit, or a portion thereof, at any of our Customer Service Centres or at our head office, provided the beneficiaries or claimant (s) is/are entitled to receive the proceeds and sufficient verification has been obtained to confirm that the insured event has occurred.

**Making a Better Life Possible ..... For You**



# Part B

## Calculation of Outstanding Premium:

a) Escalation Amount: \_\_\_\_\_

No. of months \_\_\_\_\_ Amount Due: K \_\_\_\_\_

b) Monthly Premium Amount: \_\_\_\_\_

No. of months \_\_\_\_\_ Amount Due: K \_\_\_\_\_

c) Monthly Premium Underpayment: K \_\_\_\_\_

No. of months \_\_\_\_\_ Amount Due: K \_\_\_\_\_

d) Total Premiums outstanding (a+b+c): K \_\_\_\_\_

# Part C

The Customer Services Manager  
Sanlam Life Insurance Zambia Limited  
P.O. Box 31991  
Lusaka

Dear Sir/Madam,

## RE: POLICY CHANGES

Please make the following changes to my policy ZM1V \_\_\_\_\_

| Additions | Surname | First Names | Date of Birth | Relationship |
|-----------|---------|-------------|---------------|--------------|
| 1         |         |             |               |              |
| 2         |         |             |               |              |
| 3         |         |             |               |              |
| 4         |         |             |               |              |
| Deletions | Surname | First Names | Date of Birth | Relationship |
| 1         |         |             |               |              |
| 2         |         |             |               |              |
| 3         |         |             |               |              |
| 4         |         |             |               |              |

Signed: \_\_\_\_\_

Date: