

Sanlam Umbrella Fund

Funeral claim form

Please indicate type of claim:

Death of member		Please complete Sections B, E & G
Death of spouse		Please complete Sections A, C, E, F & G
Death of child		Please complete Sections A, D, E, F & G

Submitting of funeral claim forms

This funeral claim form must immediately be forwarded directly to the relevant Insurer's email address as mentioned below (and not to the administrators office) to ensure that the Insurer meets the turnaround time of 48 hours to pay out funeral claims. If documents are sent to the wrong Insurer, there will be delays in the payment of the claim. If you are unsure who your Insurer is, the information can be obtained from the signed quotation, latest Revision Statement or from the Clients Relations Manager.

Sanlam Group Risk: sgrdeathclaims@sanlam.co.za
 ABSA Life: Sufsclaims@absa.africa
 Capital Alliance Group Risk: funeral@grouprisk.co.za

Disclaimer:

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.

SECTION A: Particulars of the member (*The Insured*)

Title and Initials:		Date of Birth:	
Full Names and Surname:			
Member Number:		ID Nr / Passport Nr:	
Participating Employer:		Employer Fund Number:	
Contact Number(s):	Home:		Cell:
E-mail address:			

SECTION B: Particulars of the deceased member (*To be completed by the employer in case of death of the member*)

Title and Initials:		Date of Birth:	
Full Names and Surname:			
Member Number:		ID Nr / Passport Nr:	
Participating Employer:		Employer Fund Number:	
Gender:		Marital Status:	
Home Address:		Postal Address:	

Date of last contribution:		Last date of active service:	Date of death:
Exact cause of death:			

Please provide certified copies of the documents below applicable to the deceased member:

- In case of an unnatural death, a certified copy of the police / traffic report & post-mortem report.
- Identity document of the deceased member and beneficiary
- The Notice of Death form (83/BI-1663 - all pages) as issued by the hospital/doctor
- All payments are to be made into a bank account. We require a bank certified copy of the beneficiary's bank statement or cancelled cheque
- Official computerised death certificate as issued by the Department of Home Affairs

SECTION C: Details of the deceased spouse

Full names and surname:			
ID Nr / Passport Nr:		Gender:	
Exact cause of death:		Date of death:	

Please provide certified copies of the documents below applicable to the deceased spouse:

- Official computerised death certificate as issued by the Department of Home Affairs
- Identity document of both the member and the deceased spouse
- The Notice of Death form (83/BI-1663 - all pages) as issued by the hospital/doctor
- Marriage Certificate or in the case of a marriage recognised as a customary marriage, a certificate of registration or an affidavit in respect of a customary marriage from a community leader or priest
- All payments are to be made into a bank account. We require a bank certified copy of the beneficiary's bank statement or cancelled cheque

SECTION D: Details of the deceased child

Full names and surname:			
ID Nr / Passport Nr:		Gender:	
Exact cause of death:		Date of death:	

Please provide certified copies of the documents below applicable to the deceased child:

- Official computerised death certificate as issued by the Department of Home Affairs
- Identity document or Birth Certificate as well as Identity Document of the member
- The Notice of Death form/Still Birth (83/BI-1663 - all pages) as issued by the hospital/doctor
- In the event of Still Birth the claim will only be accepted from 26 weeks and over. We therefore require a letter from the doctor/hospital confirming at how many weeks the child was born

<input type="checkbox"/>	A sworn affidavit stating that the deceased child was the insured's or his/her spouse's child if the surnames of the insured and the qualifying child differ
<input type="checkbox"/>	All payments are to be made into a bank account. We require a bank certified copy of the beneficiary's bank statement or cancelled cheque

SECTION E: Payment Details

Have any advances been paid to the beneficiaries by the employer? If yes, please provide proof of payment as well as banking details.	YES	NO
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1. Banking details of employer:

Name of account holder:		Name of bank:	
Account number:		Branch code:	
Account type:	Savings	Cheque	Current
			Transmission

Please note the following:

- All payments are to be made into a bank account
- Payments cannot be made to credit card or bond accounts
- Payments cannot be made to a third party
- Payments cannot be split into different bank accounts

2. Banking details of beneficiary:

Name of account holder:		Name of bank:	
Account number:		Branch code:	
Account type:	Savings	Cheque	Current
			Transmission

Please note the following:

- All payments are to be made into a bank account
- Payments cannot be made to credit card or bond accounts
- Payments cannot be made to a third party
- Payments cannot be split into different bank accounts

SECTION F: Declaration by the member in the instance of death of a spouse or child

I, the undersigned member, hereby confirm that the information given herein is true and correct.

Member's Signature _____

Date _____

SECTION G: Declaration by the employer in all instances

I, the undersigned authorised signatory of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct
- The signature above is that of the aforementioned member and I have verified all the information provided

Signed on behalf of Employer (Only the Authorised Signatory can sign off the claim form) _____

Full Name: _____

Designation: _____

Date: _____

