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Email address: opsclaims@liberty.co.za

Fax no.: (011) 408 2005

Please send the completed form to Liberty by:

CLAIMANT'S STATEMENT FOR DEATH CLAIM (EXCLUDES RETIREMENT ANNUITY, PENSION/PROVIDENT FUND)

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.

Email: opsclaims@liberty.co.za Fax: (011) 408 2005 Post: PO Box 10499, Johannesburg, 2000 Standard requirements - please attach copies of the following documents Beneficiaries' ID document or copy of the back and front of ID smart card Passport if beneficiary is overseas Unabridged birth certificate if beneficiary is a minor Proof of each beneficiary's bank account details (original bank statement/cancelled cheque) □ Notice of death (BI 1663 / DHA 1663) obtainable from the doctor who certified the death or the undertaker ☐ Extract of Medical History (PMA) if the policy is less than 3 years. In the event of unnatural death: Police statement completed by investigating officer. NOTES: If the beneficiary lives abroad and is applying for foreign exchange control approval the above requirements must be certified and contain the full name/s, surname, designation and physical address of the Commissioner of Oaths or Notary Public. These must appear on a stamp or be clearly handwritten and recorded that the documents are "certified a true copy of the original". Foreign exchange control approval takes a minimum of 8 weeks from date of submission of all the documents required by Standard Bank, in order to process this application. Section 1 - Deceased's details Policy number/s Surname First name/s Initials ID number Date of death Place of death Tax reference number (compulsory for tax purposes) Medical aid scheme Medical aid number Executor's details: Name Contact number **Email address** Cause of death П Genito urinary disorder e.g. kidney failure, endometriosis, hysterectomy, multi Cancer organ failure Cardiovascular disease e.g.heart condition Central nervous system e.g. Parkinsons, multiple sclerosis, epilepsy, motor neuron Blood disorder e.g. septicaemia, anaemia Gastro intestinal disorder e.g. gall bladder, liver, stomach, pancreas, Crohns Motor vehicle accident Endocrine disorder e.g. diabetes, thyroid, pituitary glands, malnutrition Murder Cerebrovascular disease e.g. stroke, aneurysm Suicide Respiratory disorder e.g. pneumonia, asthma Other ☐ Yes ☐ No Was death reported to police? If "Yes", please provide case number ☐ Yes ☐ No Was the deceased employed at the date of death? 1.2 If "Yes", state occupation at date of death 1.3 Name of deceased's employer at date of death

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.**

	Doctor's name					Contact details								Date of attendance									Reason					
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When did the deceased first consult a doctor for his/her last illness?

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Account type:																										
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Signature of first claimant Signature of witness																Sigr	natu	ire o	f sec	ond o	claim	ant				
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Signature of financial adviser