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An authorised financial services provider

CAPITAL ALLIANCE
Group Risk

Funeral claim form

Tick where applicable ✔ Kindly answer all the questions in full Please use a black pen and block letters

Your checklist

	Funeral benefit application form
	Certified copy of death certificate
	Proof of identity of the main member (Certified by Commissioner of Oath)
	Beneficiary nomination form if the deceased is the main member
	Should an application be lodged for a spouse or a child, proof of identity of deceased (Certified by Commissioner of Oath)
	Should the application be lodged for a spouse or a child, a copy of the B1-1663 notification of death - obtainable from attending doctor, funeral parlour or hospital (page1 and 2)
	Should an application be lodged for a spouse or a child, proof of the relationship of the deceased to the main member e.g. marriage certificate or birth certificate (Certified by Commissioner of Oath)
	All payment is to be made into a bank account. We require proof of details (cancelled cheque or bank statement confirming the account holder's full names, account number and branch code)

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.

What do all the words mean?

Account holder	The person or company or institution in whose name the bank account is held
Bank branch code	The branch reference number (ie: the number in the top right hand corner of a cheque)
Deceased	The deceased may be the life insured, spouse or child
Life insured	The person whose life is covered by the policy
Main member	The person who belongs to the funeral scheme
Proof of identity	A birth certificate in the case of a minor or an official document with a photograph identity number, first names(s) and surname of the person (eg. ID book)

Declaration for funeral claims

Main member _____

Name of deceased _____

Relationship of claimant (if applicable) _____

Last known address of deceased _____

Occupation of deceased _____

Date of birth of deceased ☐☐☐☐☐☐☐☐

Identity number of deceased

Date of death

Exact cause of death

Hospital name and address

Hospital phone number (code)

Admission/patient number

Ward and bed number

Name of tribal chief (if applicable)

Address of chief

Police station where death was reported

Name of doctor who issued medical certificate of death

Was the deceased a scholar/student/employed

Name and address of school/college/employer

Telephone number of school/college/employer (code)

Principal's name/Manager's name

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).

Account type ☐ Savings account ☐ Transmission account ☐ Current account ☐ Credit card

Name of bank

Branch Branch number /code

Account number

Telephone number (code)

Email address

Signature of account holder Date D D M M Y Y Y Y

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 payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to Capital Alliance Group Risk of it's liability in terms of the rules of the fund.

Remarks

Fund's authorised signatory Employer's stamp

Designation

Date D D M M Y Y Y Y