

FUNERAL CLAIM FORM – SANLAM SCHEME CODE 15883

The purpose of this form is for the employer to notify the Fund of either the death of a member or the death of a member's dependant. The submission of this completed form will initiate the lodging of a funeral claim with the insurer.

MEMBER'S PERSONAL DETAILS

Fund membership number Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname First names

Date of birth Identity number

Passport number Country of issue

Gender Marital status

Date of becoming insured in the Fund

DECEASED'S DETAILS

Relationship to member: ☐ Member ☐ Spouse ☐ Chld

Surname First names

Date of birth Identity number

Passport number Country of issue

Gender Marital status

Date of marriage Date of Death

Cause of death

EMPLOYER DETAILS

Name of employer

Deceased member's last active date in service (if applicable)

Final pensionable salary as at date of death R

PAYMENT INSTRUCTION

Please ensure that the bank details are for your own bank account and attach a copy of your bank statement

BENEFICIARY'S CONTACT DETAILS

Surname First names

Date of birth Identity number

Passport number Country of issue

Home telephone number Work phone number

Cell phone number

Email address

Residential address

Postal code

Postal address

BENEFICIARY'S BANKING DETAILS

The total amount of the funeral claim is to be deposited into the following bank account:

Name of bank		Account holder's name	
Branch name		Branch code	
Type of account	Current ☐	Savings ☐	Transmission ☐
Account holder relationship (in the event of a joint account only)			
Account number			

EMPLOYER'S DECLARATION

This section is to be completed by the employer.

It is hereby confirmed and warranted that the information contained herein is correct and, in particular, that the beneficiary's banking details provided above, have been confirmed as correct. The employer hereby unconditionally absolves the Fund and Verso Benefits Administrator (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund and Verso from and against all or any loss, damage, cost and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso on behalf of the Fund, relaying on and using any information supplied by the employer.

Full name of authorised official of the employer			
Work telephone number		Cell phone number	
Email address			
Signature of authorised official of the employer		Date	
EMPLOYER STAMP			

DOCUMENTATION REQUIRED

Please attach original certified copies of the following documents, where applicable, to this voluntary funeral claim form:

1. An original certified copy of the original death certificate (BI-5and/or BI-20)
2. An original certified copy of the deceased identity document (If copies of smart ID cards are provided, please provide certified copies of both the front and reverse sides of the cards)
3. An original certified copy of the birth certificate of the deceased (if a minor)
4. An original certified copy of the marriage certificate (if a common law/customary marriage an affidavit is required. The affidavit must state the length of the relationship between the deceased and the common law/customary spouse)
5. An original certified copy of Identity Document of the person to whom the funeral benefit will be paid
6. Confirmation of banking details of the person to whom the funeral benefit will be paid
7. Receipt from funeral parlour (if applicable).
8. Letter from doctor/specialist to be attached regarding still born child, confirming duration of pregnancy
9. Notice/Register of Death (BI-1663), obtainable from Home Affairs

PROCESSING OF PERSONAL INFORMATION

The Fund is committed to the adherence and compliance of the Protection of Personal Information Act (POPIA) and is committed to ensuring the protection of the personal information of members and fund officers. This commitment is encompassed in the Fund's Data Protection and Privacy Policy which ensures that the Fund and its service process personal information responsibly and in a manner that demonstrates their commitment to upholding the right to privacy of members and fund officers, subject to the justifiable limitations.

It further establishes a common standard on the appropriate protection of personal information of members and fund officers and provides general principles regarding the right of individuals to privacy and to reasonable safeguarding and protection of their personal information. The Board of Management, in its commitment to comply with POPIA. The Data Protection and Privacy Policy therefore also specifies minimum requirements and standards that are to be adhered to with regards to the processing of personal information by service providers of the Fund.

The Fund has concluded written agreements with its service providers and will ensure that your personal information is protected through adequate provision in these agreements. If any of the Fund's service providers are abroad, the Fund will not share your personal information with them, unless we are satisfied that they have adequate security measures in place to protect your personal information.

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claim checks (industry life and claims register)
- Tracing beneficiaries
- Fraud and prevention protection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on behalf of or who render services to the Fund

You may access your personal information that we hold and you may also request us to correct any errors or to delete information. In certain cases, you have the right to object to the processing of your personal information.