



Death Claim form Application for a death claim

Where to get more help



Ask your Sanlam adviser or broker to assist you



Visit your nearest Sanlam office



Call Sanlam Death Claims Call Centre at (021) 916 3456



You can find a Death Claims Guide on the web at www.sanlam.co.za/claims

How to send us the information

Please return the form, a certified copy of the death certificate and bank statements of beneficiaries, cessionaries and the estate to us in one of the following ways:



Policy Death Claims,
PO Box 1,
Sanlamhof 7532



deathclaims@sanlam.co.za



Fax us at
(021) 947 3989



Ask your Sanlam adviser or broker to assist you

For Namibian policies refer to claims.affluentsupport@sanlam.com.na or contact our Sanlam Namibia office at +264 61 294 7440

Next steps after we receive the information

Once we receive the information we will:

- Send a sms or email confirmation, if you have provided us with those contact details.
- Consider the claim taking into account all the information that you have provided.
- Let you know if we need any other information.
- Communicate our decision to the persons involved.

Funeral Transport Benefit and other immediate expenses benefit (DSF1/5) and Funeral benefit (FSC2)

At the death of the life insured on the above mentioned benefit, FMS Marketing Solutions (FMS) will arrange for the transportation of the deceased to a South African funeral parlour nearest to the place of burial, as long as the place of death is in the Republic of South Africa, Namibia, Zimbabwe, Botswana, Swaziland, Lesotho or Mozambique, south of the 22-degree parallel. One relative may accompany the deceased and, if necessary, overnight accommodation will be arranged by FMS. If their normal requirements are met, FMS will provide the service free of charge.

To make use of this service, contact FMS at telephone 0860 004 072.

What to send to us

Cause of death: Natural (for example: an illness)

- This completed death claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- Valid proof of the bank account and a certified copy of the identity document of the beneficiary/plan holder/cessionary.
- A copy of the Letter of Executorship issued by the Master of the High Court (if no beneficiary appointed).
- Valid proof of the bank account in the name of the estate (if no beneficiary appointed).
- Notice of death (BI 1663) completed by the doctor who certified the death (for funeral benefit and funeral and other immediate expenses benefit).
- *In certain cases, contract validation will be conducted which amongst other, may require a medical certificate to be submitted.*

Policy number _____

What to send to us *(continued)***Cause of death: Unnatural or unknown** *(for example accident/murder)*

- This completed death claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- Valid proof of the bank account and a certified copy of the identity document of the beneficiary/plan holder/cessionary.
- A copy of the Letter of Executorship issued by the Master of the High Court (if no beneficiary appointed).
- Valid proof of the bank account in the name of the estate (if no beneficiary appointed).
- Notice of death (BI 1663) completed by the doctor who certified the death (for funeral benefit (FSC2) and funeral and other immediate expenses benefit (DSF1/5)).
- Fully completed SAPS statement *(SLDC002E)*.
- Road accident report for accidental death benefits (if cause of death was a motor vehicle accident).
- Judicial inquiry and post mortem report (including J56 and identification of body).
- Results of blood alcohol test (if done)
- *In certain cases, contract validation will be conducted which amongst other, may require a medical certificate to be submitted.*

Protection of Personal Information

Sanlam Life, a subsidiary of Sanlam Limited, will process and protect the personal information as required by relevant laws and the constitution of the RSA. For further information please refer to our Privacy Notice on www.sanlam.co.za.

A. Particulars of deceased

Full name and surname _____

Identity number _____ Date of death _____ *(dd/mm/ccyy)*

Select a cause of death (compulsory field):

- Cardiovascular disease e.g. heart attack, heart failure
- Cerebrovascular disease e.g. stroke, aneurysm
- Cancer
- Respiratory disorder e.g. pneumonia
- Blood disorder e.g. septicaemia, anaemia
- Endocrine disorder e.g. diabetes, thyroid, pituitary glands, malnutrition
- Urinary disorder e.g. kidney failure
- Gastro intestinal disorder e.g. gall bladder, liver, stomach, pancreas, Crohns
- Central nervous system e.g. Parkinson's, multiple sclerosis, epilepsy, motor neuron
- Motor vehicle accident
- Suicide
- Murder
- Other (provide description of exact cause of death if natural/unnatural on death certificate)

Name of doctor or person who certified the death _____

Telephone number _____ Fax number _____

Where did the death occur? Hospital Clinic Home Other Admission number _____**Details of undertaker**

Company name: _____ Undertaker company number _____

Contact person _____

Business postal address _____

Postal-/Zip code _____

Telephone number _____ Fax number _____

Place of burial or cremation _____ Date of burial or cremation _____ *(dd/mm/ccyy)*

Policy number _____

B. Who must Sanlam communicate with

During the claim process we will communicate with the correspondent (persons you choose to receive the correspondence). Please provide the details of your chosen correspondents.

Spouse or family member Correspondence language: English Afrikaans

Full names _____ Further initials _____

Surname _____

Identity number _____ Relation to deceased _____

Postal address _____

Postal-/ Zip code _____

Telephone number _____ Fax number _____

E-mail address _____

Broker or adviser Correspondence language: English Afrikaans

Name and surname _____ Broker code _____

Telephone number _____ Fax number _____

E-mail address _____

Broker/Advisor's Consultant E-mail address _____

Other (Attorneys, Bank, Executor) Correspondence language: English Afrikaans

Name of institution or person _____

Contact person's name and surname _____

Postal address _____

Postal-/ Zip code _____

Telephone number _____ Fax number _____

E-mail address _____

C. Review your financial planning

Did you know that you can re-invest the money if you are not ready to make a final decision yet? Yes No

If you do not have an adviser or broker assisting you, would you like someone to contact you to assist you with your financial planning? Yes No

Are you considering a re-investment? Yes No

D. Bank account particulars 1 *(Attach valid proof of account)*

Account holder: Planholder Beneficiary Estate Cessionary Legal entity
(Also complete section E or F)

Registered name _____

Trade Name _____

Registration number _____

Natural person

Account holder full name and surname _____

Previous name (if applicable) _____

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Country of birth _____ Relation to deceased _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card

Policy number _____

D. Bank account particulars 1 *(continued)*Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Income tax year ends on _____ (ccyy)

Address and contact numbers

Residential / Business address _____ Postal-/ Zip code _____

Telephone number Work _____ Home _____

Cell _____ Fax _____

E-mail address _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Account type Current (cheque) Savings Transmission**Bank account particulars 2** *(Attach valid proof of account)*Account holder: Planholder Beneficiary Estate Cessionary Legal entity
(Also complete section E or F)

Registered name _____

Trade Name _____

Registration number _____

Natural person

Account holder full name and surname _____

Previous name (if applicable) _____

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Country of birth _____ Relation to deceased _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card

Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Income tax year ends on _____ (ccyy)

Address and contact numbers

Residential / Business address _____ Postal-/ Zip code _____

Telephone number Work _____ Home _____

Cell _____ Fax _____

E-mail address _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Account type Current (cheque) Savings Transmission

Policy number _____

E. Details of controlling party/beneficial owner of the legal entity (if a natural person)**Note: Make copies of this page for each natural person who is a controlling party/beneficial owner**

Full names _____ Further initials _____

Surname _____

Previous name (if applicable) _____

Date of birth _____ (dd/mm/ccyy) Gender Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

**Provide a copy of your Identification document or Identification Smart card*Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Address and contact numbers

Residential address _____

_____ Postal/Zip code _____

e-mail address _____

Cell/Mobile _____ Other contact number (h) _____ (w) _____

F. Details of controlling party/beneficial owner of the legal entity (if a legal entity)**Note: Make copies of this page for each legal entity who is a controlling party/beneficial owner**

Registered name _____

Trade name _____

Registration number _____ Country of registration _____

Job title of contact person _____

Title, Surname and initials of contact person _____

Business address _____

_____ Postal/Zip code _____

Registered address _____

_____ Postal/Zip code _____

e-mail address _____

Cell/Mobile _____ Other contact number (h) _____ (w) _____

G. Your declaration

I declare that:

- I have completed this document or someone has completed it for me with my approval.
- I understand the information in this document.
- The information in this document is correct.

Full name and surname _____

Signature _____ Identity number _____

Date _____ (dd/mm/ccyy)