Retrenchment Benefit Claim

Please return the completed form to: **Living Benefit Claims**

Postal address	PO Box 1, Sanlamhof 7532	Telephone number	(021) 916-3455
e-mail address	livingbenefits@sanlam.co.za	Fax number	(021) 947-5804

Important:

- An accurately completed form is essential in order to avoid delays in the assessment process. A claim can be considered only if all required documents and all the supplementary statements (as indicated below) have been completed in full and are in Sanlam Life's possession.
- This form and all relevant documents can be sent to us by e-mail, fax or per post. If readable copies of documents are provided to us, the original documents are unnecessary.

The following documents must accompany the claim:

- The attached declaration by your previous employer.
- A copy of your identity document.
- A stamped or official copy of the discharge certificate/retrenchment letter of employee.

Particulars of insured life

Plan number(s) ________________ ________________ ________________

Surname ________________

Full first names ________________

Date of birth ________________ (dd/mm/ccyy)

Identity number ________________ (Compulsory)

Postal address ________________ Postal code ________

Residential address ________________ Postal code ________

Contact details: Telephone home ( ) ________________ Fax (home) ( ) ________________

Cell phone ________________

e-mail address ________________

Reason for retrenchment

- Please describe the reason for retrenchment.

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- Date on which you were informed of the retrenchment process for the 1st time. ________________ (dd/mm/ccyy)
- Date on which you received the 1st written retrenchment notification. ________________ (dd/mm/ccyy)
- What is the retrenchment date? ________________ (dd/mm/ccyy)
- What was the last official employment date at the last employer? ________________ (dd/mm/ccyy)
- Since when were you employed by this company/person? ________________ (dd/mm/ccyy)
  - If you were employed for less than 2 years at the last employer, please also provide us with proof of employment of your previous employer (prior to the retrenchment).

Particulars of last employer

Name of last employer ________________

Address of last employer ________________ Postal code ________

Name of contact person ________________

Contact numbers: Telephone (home) ( ) ________________ Fax ( ) ________________

Telephone (work) ( ) ________________

e-mail address ________________

Since when were you employed by this company/person? ________________

Licensed Life Insurer, Financial Services and Registered Credit Provider (NCRCP43)

Plan number(s) ______________________

Other information

- If you are younger than 55 years, do you earn an income from any other source(s)? Yes ☐ No ☐
  If "Yes", name the source(s): ______________________
  Amount earned per month: R ______________________
- Are you self-employed? Yes ☐ No ☐
- Were you employed at any other employer since the termination date (part-time or permanent)? Yes ☐ No ☐
  If "Yes", since when ____________ *(dd/mm/ccyy)* until ____________ *(dd/mm/ccyy)*
  Name of employer: ______________________
  Salary earned R ______________________

Payments

Please note that the payments must be continued until a claim, if any, has been admitted.

Bank particulars

Provide us with a copy of your bank statement (not older than three months) on a bank letterhead containing the account number and account holder's name.

Please complete **ONE** of the 3 options provided.

1. Details of account holder/plan holder

A. Natural person / legal entity

Title ______________________

Full names and surname / Registered name of legal entity ______________________

Previous / Maiden name ______________________

National identity number ______________________

Issuing country of identity number ______________________

Nationality/Citizenship ______________________

Gender Male ☐ Female ☐ Date of birth ____________ *(dd/mm/ccyy)*

Country of residence ______________________

Country of birth ______________________

Monthly income R ____________ Date of last income ____________ *(dd/mm/ccyy)*

Residential / Business address ______________________

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______________________ Postal/Zip code ____________

Trade name of legal entity ______________________

Legal entity type:

Listed Company ☐ Trust Fund ☐ Company ☐ Fund ☐ Other Corporate Arrangement ☐ Medical Schemes ☐
Retirement Fund ☐ Club ☐ State owned Enterprises ☐ Unlisted Company ☐ Trade Union ☐ Charitable Organisation ☐
Non-profit Organisation ☐ Non-growth Organisation ☐ Schools ☐ Churches ☐

Registration number ______________________ Country of registration ______________________

Registered address ______________________

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______________________ Postal/Zip code ____________

Controlling party/Beneficial owner ______________________

Plan number(s) ____________________

Details of account holder/plan holder (continued)

B. Bank details

Account holder ____________________

Name of bank ____________________ Name of branch ____________________

Account number ____________________ Branch code ____________________

Type of account Current ☐ Savings ☐ Transmission ☐ Other (specify) ____________________

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Signature of account holder ____________________ Date __________ (dd/mm/ccyy)

2. Payment to cessionary

Important
If any plan, in terms of which a claim is admitted, has been ceded to another institution or person, payment will be made directly to the cessionary in question. The next section must be completed by the cessionary if applicable.

A. Natural person / legal entity

Title ____________________

Full names and surname / Registered name of legal entity ____________________

Previous / Maiden name ____________________

National identity number ____________________

Issuing country of identity number ____________________

Nationality/Citizenship ____________________

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

Country of residence ____________________

Country of birth ____________________

Monthly income R __________ Date of last income __________ (dd/mm/ccyy)

Residential / Business address ____________________

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____________________ Postal/Zip code __________

Trade name of legal entity ____________________

Legal entity type:

Listed Company ☐ Trust Fund ☐ Company ☐ Fund ☐ Other Corporate Arrangement ☐ Medical Schemes ☐

Retirement Fund ☐ Club ☐ State owned Enterprises ☐ Unlisted Company ☐ Trade Union ☐ Charitable Organisation ☐

Non-profit Organisation ☐ Non-growth Organisation ☐ Schools ☐ Churches ☐

Registration number ____________________ Country of registration ____________________

Registered address ____________________

____

____________________ Postal/Zip code __________

Controlling party/Beneficial owner ____________________

Plan number(s) ______________________________

Payment to cessionary (continued)

B. Bank details

Account holder ______________________________

Name of bank ______________________ Name of branch ______________________

Account number ______________________ Branch code ______________________

Type of account Current ☐ Savings ☐ Transmission ☐ Other (specify) ______________

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Or

I hereby give permission for the cession to be cancelled.

Name of contact person ______________________ Contact number: (   ) ______________

Signature of cessionary ______________________ Official stamp of institution ______________________

Date ______________ (dd/mm/ccyy)

3. Proxy and/or payment to a third party

If the plan owner would prefer the claim/payment to be handled/received by another person/institution, please provide us with the details below:

I, ______________________________ (first names and surname of the plan holder),

hereby authorise the person indicated below to handle the claim/receive the payment on my behalf and I indemnify Sanlam Life against any and all claims in respect of, and in connection with, the payment by Sanlam of the amount(s) concerned to this third party. (Delete where not applicable.)

Initials and surname of the person that could handle the claim on my behalf: ______________________________

Address ______________________________

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______________________________ Postal/Zip code ______________

Initials and surname of the person that could receive the payment on my behalf: ______________________________

A. Natural person / legal entity

Title ______________

Full names and surname / Registered name of legal entity ______________________________

Previous / Maiden name ______________________________

National identity number ______________________________

Issuing country of identity number ______________________________

Nationality/Citizenship ______________________________

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

Country of residence ______________________________

Country of birth ______________________________

Monthly income R ______________ Date of last income ______________ (dd/mm/ccyy)

Residential / Business address ______________________________

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______________________________ Postal/Zip code ______________

Trade name of legal entity ______________________________

Plan number(s) ______________________________

Proxy and/or payment to a third party (continued)

Legal entity type:

Listed Company ☐ Trust Fund ☐ Company ☐ Fund ☐ Other Corporate Arrangement ☐ Medical Schemes ☐
Retirement Fund ☐ Club ☐ State owned Enterprises ☐ Unlisted Company ☐ Trade Union ☐ Charitable Organisation ☐
Non-profit Organisation ☐ Non-growth Organisation ☐ Schools ☐ Churches ☐

Registration number ______________________ Country of registration ______________________

Registered address ______________________________

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______________________________ Postal/Zip code ______________

Controlling party/Beneficial owner ______________________________

Source of funds ______________________________

B. Bank details

Account holder ______________________________

Name of bank ______________________ Name of branch ______________________

Account number ______________________ Branch code ______________________

Type of account Current ☐ Savings ☐ Transmission ☐ Other (specify) ______________

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Signature of plan holder ______________________ Date ______________ (dd/mm/ccyy)

Declaration

I declare that the particulars contained in this form are correct. I also irrevocably authorise any person or institution, medical practitioner, medical specialist, hospital, nursing institution or medical authority to provide Sanlam Life with any information that may be required regarding my health.

Further, I irrevocably authorise Sanlam Life to share with other insurers or any other stakeholders for the purposes of assessing, investigating, processing or any other reason including prevention of fraudulent claims that information and any information contained in this plan or any related plan or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such data base.

Signature of insured/claimant ______________________

Date ______________ (dd/mm/ccyy)