

## FUNERAL CLAIM FORM - VOLUNTARY BENEFIT

Scheme name \_\_\_\_\_ Scheme number \_\_\_\_\_  
Policy number \_\_\_\_\_ Member number \_\_\_\_\_

### Supporting documents - please attach copies of the following documents

#### On death of the Main Member

- Completed Funeral Claim form, signed and stamped by authorised signatory
- Copy of computerised death certificate / certified abridged death certificate
- Copy of the Main Member's ID document or copy of back and front of the ID smart card
- Copy of the Membership Application form (signed and dated)
- Copy of the premium schedule indicating the Main Member's premium payment history for the past 6 months
- In the event of unnatural death - please provide a copy of the police report
- Proof of bank account details (original bank statement/cancelled cheque)
- Notice of death (BI 1663) obtainable from the doctor who certified the death or the undertaker

#### On death of the Spouse

- Completed Funeral Claim form, signed and stamped by authorised signatory
- Copy of computerised death certificate / certified abridged death certificate
- Copy of the deceased's ID document or copy of back and front of the ID smart card
- Copy of the Main Member's ID document or copy of back and front of the ID smart card
- Copy of the Membership Application form (signed and dated)
- Copy of the marriage certificate, if not available, we require a declaration from a third party i.e. Tribal Chief/Community Leader of minister of religion confirming the relationship
- Copy of the premium schedule indicating the Main Member's premium payment history for the past 6 months
- In the event of unnatural death - please provide a copy of the police report
- Proof of bank account details (original bank statement/cancelled cheque)
- Notice of death (BI 1663) obtainable from the doctor who certified the death or the undertaker

#### On death of a Child

- Completed Funeral Claim form, signed and stamped by claimant authorised signatory
- Copy of computerised death certificate / certified abridged death certificate
- Copy of the deceased's birth certificate or ID document or copy of back and front of the ID smart card
- If no birth certificate is available – a copy of the clinic card is required
- Copy of the Main Member's ID document or copy of back and front of the ID smart card
- Copy of the Membership Application form (signed and dated)
- Copy of the premium schedule indicating the Main Member's premium payment history for the past 6 months
- In the event of unnatural death - please provide a copy of the police report
- Proof of bank account details (original bank statement/cancelled cheque)
- If the Child's surname differs from the Main Member's, we require an affidavit from the Main Member and other parent confirming their biological parent status
- If the Child is over the age of 21, we require a letter from the school confirming the Child's registration and current grade that the child was attending or letter from a tertiary institution.
- Notice of death (BI 1663) obtainable from the doctor who certified the death or the undertaker

**Section 1 – Main Member's details**

Surname \_\_\_\_\_  
Full names \_\_\_\_\_ Initials \_\_\_\_\_  
ID number \_\_\_\_\_  
Physical address \_\_\_\_\_  
Postal address \_\_\_\_\_ Postal code \_\_\_\_\_  
Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email address \_\_\_\_\_

**Section 2 – Deceased's details**

Surname \_\_\_\_\_  
Full names \_\_\_\_\_ Initials \_\_\_\_\_  
ID number \_\_\_\_\_  
Relation to Main Member (Spouse, Child, Nominated Member, etc) \_\_\_\_\_  
Member number \_\_\_\_\_  
Physical address \_\_\_\_\_ Postal code \_\_\_\_\_  
Postal address \_\_\_\_\_ Postal code \_\_\_\_\_

**Section 3 – Payment details**

For security reasons we recommend that payment be made directly into your bank account. We require proof of your bank account details (original bank statement/cancelled cheque).

Account holder's name \_\_\_\_\_  
Bank name \_\_\_\_\_  
Account number \_\_\_\_\_  
Branch name \_\_\_\_\_ Branch code \_\_\_\_\_  
Account type:  Cheque  Savings  Transmission

**Section 4 – Declaration**

We hereby certify that the above information is true and correct in every detail, and Liberty is hereby authorised to make a payment as stated above. We agree payments stated above shall constitute good and effectual settlement and shall be full and final discharge to Liberty of it's liability in terms of the rules of the fund.

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Claimant/Authorised signatory



## Contact us

### Queries

For more information, please contact your accredited Liberty financial adviser or the Liberty Contact Centre.

#### Contact Centre

Tel.: +27 (0)11 408 1169

Fax: +27 (0)11 694 5378

Email address: [GR-Info@grouprisk.co.za](mailto:GR-Info@grouprisk.co.za)

Alternatively, you can write to us or visit our walk-in centre in Johannesburg.

### Postal address

OR

### Physical address

**Capital Alliance Group Risk  
Liberty Corporate**  
PO Box 2094  
Johannesburg  
2000

**Libridge Building – 9<sup>th</sup> floor**  
25 Ameshoff Street  
Braamfontein  
Johannesburg  
2001

## Complaints

If your query, or issues that arise from it, are not resolved to your satisfaction by your financial adviser or our servicing staff within a mutually agreed timeframe, please lodge a complaint to us by accessing our complaints form on <https://www.liberty.co.za/contact-us/Pages/default.aspx#customer-care>.

Alternatively, you may submit your complaint, in writing to:

### The Complaints Resolution Manager

OR

### The Liberty Internal Adjudicator

P O Box 2094  
Johannesburg  
2000  
Fax +27 (0)11 408 4440  
[contactlcb@liberty.co.za](mailto:contactlcb@liberty.co.za)

P O Box 10499  
Johannesburg  
2000  
Fax +27 (0)11 694 5357  
Email: [internaladjudicator@liberty.co.za](mailto:internaladjudicator@liberty.co.za)

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The scheme and member numbers relating to the query/complaint
- What you are expecting from us in terms of resolving the issue(s)
- Your contact details so that we can get hold of you
- Any correspondence from Liberty that lead to the query
- The names of the people you have dealt with so far (if applicable)
- The dates and times of these contacts
- Any other event that triggered the query, for example, an article in a newspaper

Our complaints handling procedure is available on our website ([www.liberty.co.za](http://www.liberty.co.za)) or on request. Please refer **complaints resulting from advice provided by an independent broker or another financial services provider** to the broker or financial services provider concerned.

We will endeavour to address and resolve your complaint. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following regulatory bodies for assistance.

### The Ombudsman for Long-term insurance

If you have any unresolved complaints about a long-term insurance policy (death, disability, dread disease, etc) that is subject to the jurisdiction of the long-term insurance Act 52 of 1998, you may contact the Long-term insurance Ombudsman.

Address	Telephone	Fax	Email address
The Honourable Mr Justice RP McLaren Ombudsman for Long Term Insurance Private Bag X45 Claremont 7735	+27 (0)12 657 5000  Share call +27 (0)86 010 3236	+27 (0)21 674 0951	<a href="mailto:info@ombud.co.za">info@ombud.co.za</a>

### The FAIS Ombudsman

If you have any unresolved complaints or disputes about advice that was given to you by a financial adviser after 30 September 2004, you may contact the FAIS Ombudsman.

Address	Telephone	Fax	Email address
Mr Naresh Tulsie The FAIS Ombudsman PO Box 74571 Lynnwood Ridge 0040	+27 (0)12 470 9080 / +27 (0)12 762 5000	+27 (0)12 348 3447	<a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>