

Head Office

25A Erasmus Street, Makhado 0920 South Africa,
PO Box 3618 Makhado, 0920, South Africa

**Corporate Office**

82 Wessels Road
Metropolitan Office Park
Rivonia, 2191
South Africa

DEATH CLAIM FORM

CONFIDENTIAL

Policy No.

Product name: Stockvel Funeral Plan Embedded Protection Benefits (Bank)

A: Details of Deceased

Surname First name(s) Title

ID/Passport no Date of Birth

Date of Death Death Due To An Accident

Cause of Death

Relationship: Policyholder Spouse Child Parent Extended Family

B: Particulars of the Claimant

Are you one of the following? Policyholder Nominated Beneficiary Person Appointed By The Executor Notifier

If "Notifier", please complete the Death Notification Form. Otherwise, please complete the rest of this form:

Surname First name(s) Title

ID/Passport No. Nationality Relationship to Deceased

Date of Birth Email

Telephone (H) Telephone (H) Mobile

Residential Address

Town/City Province Country of Residence

Postal Address Code

C: Banking Details of the Claimant (A certified bank statement must accompany this claim form)

Account No. Accountholder's Name

Bank Name Branch Name Branch Code

D: Indemnity

I, the undersigned claimant certify that all information provided by me, in respect of this claim is true and correct. I am the policyholder/nominated beneficiary/executor of this policy and as such entitled to receive the benefit paid. I indemnify Barclays Life Assurance Kenya Ltd against any further claims in respect of the deceased under this policy. In the event that the deceased is the main member of the policy, all benefits shall accrue to the named beneficiary. I also confirm I have provided the required supporting documentation as per the checklist below.

Surname First name(s) Title

Signature _____ Place Date



Underwritten by GuardRisk Life Limited (Reg. no 1999/013922/06) a registered Long Term Insurer and an Authorized Financial Service Provider.

Required Claim Documentation	Tick	N/A
Duly completed and signed Death Claim Form		
Certified copy of the deceased's ID/Passport		
Certified copy of the Claimant's ID/Passport		
Letter of appointment by the Executor (If the Claimant is not the Policyholder/Accountholder/Nominated beneficiary)		
Certified copy of proof of death e.g i)Death Certificate		
Police Abstract Report (if the death is due to an accident)		
Any other documentation deemed necessary		

Please take this form to your nearest VBS Mutual Bank branch or email it to credit_life_claims@vbsmbank.co.za with all the supporting documentation.