

Indemnity and release from liability affidavit

Employer / Fund Name		Scheme Code	
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Important Information

- **This form must please be completed when a nominated beneficiary does not have a South African bank account and Sanlam is requested to pay the lump sum benefit to a 3rd party.**
- Please return the completed and signed form (including supporting documents) to sgrdeathclaims@sanlam.co.za

SECTION A: Personal details of deceased insured

First name(s)			
Surname			
RSA identity number*			<i>*Compulsory</i>
If not RSA, passport number*			<i>*Compulsory</i>
Passport expiry date			<i>(dd/mm/yyyy)</i>
Date of birth			<i>(dd/mm/yyyy)</i>

SECTION B: Appointment of agent and declaration

I, the undersigned, hereby declare under oath and state that:

1. I am a beneficiary nominated to receive a lump sum benefit, provided in terms of a Group Life Insurance policy, underwritten by Sanlam Corporate: Group Risk, a division of Sanlam Life Insurance Limited.

Full name and surname of beneficiary			
ID / Passport number		Date of birth <i>(dd/mm/yyyy)</i>	

2. I, the nominated beneficiary, do not have a South African bank account and am unable to open one for the following reason:

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3. I hereby appoint as my agent, to receive payment on my behalf and to in turn deal with the benefit in terms of my instructions:

Full name and surname of appointed person			
ID number of appointed person			

4. I hereby expressly authorise that the said payment be made into my agent's bank account, as follows:

Account holder name					
Account number			Name of bank		
Type of account	Current		Savings		Branch code



Sanlam Corporate: Group Risk

Please return the completed form and supporting documents to:
sgrdeathclaims@sanlam.co.za

5. Contact details of appointed agent:			
Postal address		Postal code	
Physical address			
		Postal code	
Contact number		Relationship	
<p>6. I specifically indemnify and hold Sanlam and/or its Affiliates, any employee, director, officer, agent and/or anyone contracted by Sanlam (the "Sanlam Indemnitees") harmless from any liability, loss or damage of whatsoever nature and howsoever arising from or incidental to the said payment. I further renounce any legal right(s) including any common law right(s) that I have or may have in future to claim any loss or damage that I may or may have suffered of whatsoever nature and from whatsoever cause as a result of the aforesaid authorisation.</p>			
Signature by the nominated beneficiary			
I declare that I fully understand the content and legal implications of this document and confirm that I signed it voluntarily.			
Beneficiary's signature		RSA ID number	

Signature by Commissioner of Oaths			
I certify that:			
<p>1. The deponent acknowledged to me that:</p> <p>1.1. They know and understand the content of this declaration;</p> <p>1.2. They have no objection to taking the prescribed oath;</p> <p>1.3. They consider the prescribed oath to be binding on their conscience.</p> <p>2. The deponent thereafter uttered the words: "I swear that the contents of this declaration are true, so help me God."</p> <p>3. The deponent signed this declaration in my presence at the address set out hereunder</p> <p>on this <input type="text"/> day of <input type="text"/> 20 <input type="text"/></p>			
Full name and surname			
Capacity / designation / office		Area	
Business address			
		Postal code	
<p>Commissioner of Oaths (signature and stamp)</p>			

Protection of Personal Information Disclosure

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes;
- to protect Sanlam Life's interests; and
- any purposes related to the above.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).