

## Funeral claim form

### Important Information

- This form acts as an instruction from a member for a payment from a funeral benefit account.
- This funeral claim form must immediately be forwarded directly to the relevant Insurer's email address as mentioned below (and not to the administrator's office) to ensure that the Insurer meets the turnaround time of 48 hours to pay out funeral claims.
- If documents are sent to the wrong Insurer, there will be delays in the payment of the claim. If you are unsure who your Insurer is, the information can be obtained from the signed quotation, latest Revision Statement or from the Clients Relations Manager.
- Contact IMS on **080 0111 956** or send an e-mail to [IMS@sanlam.co.za](mailto:IMS@sanlam.co.za) for support, guidance or referral to a Financial Adviser.
- For any queries for your insurer, please contact:
  - Sanlam Group Risk: [sgrdeathclaims@sanlam.co.za](mailto:sgrdeathclaims@sanlam.co.za)
  - ABSA Life: [sufsclaims@absa.africa](mailto:sufsclaims@absa.africa)

### Please indicate type of claim

Indicate which type of death claim with a tick or a cross below

<b>Death of member</b>	<input type="checkbox"/>	Please complete Sections B, E & G
<b>Death of spouse</b>	<input type="checkbox"/>	Please complete Sections A, C, E, F & G
<b>Death of child</b>	<input type="checkbox"/>	Please complete Sections A, D, E, F & G

### SECTION A: Member's personal details (the insured)

Title			
Full name(s)			
Surname			
RSA identity Number*			<i>*Compulsory</i>
If not RSA, passport number*			<i>*Compulsory (if RSA ID not used above)</i>
Date of birth (dd/mm/yyyy)			<i>*Compulsory if Passport used</i>
Postal address			Postal code
Residential/physical address (if different to the above)			Postal code
Contact number(s)	Cell phone		Alternative
Email address			

**SECTION B: Personal details of the deceased**

This section is to be completed by the employer in case of death of the member

Title			
Full name(s)			
Surname			
RSA identity Number*		<i>*Compulsory</i>	
If not RSA, passport number*		<i>*Compulsory (if RSA ID not used above)</i>	
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport used</i>	
Postal address			Postal code
Residential/physical address (if different to the above)			Postal code
Contact number(s)	Cell phone		Alternative
Email address			
Date of last contribution		(dd/mm/yyyy)	
Last date of active service		(dd/mm/yyyy)	
Date of death		(dd/mm/yyyy)	
Exact cause of death			

**Please provide certified copies of the documents for the deceased member:**

<input type="checkbox"/>	In case of an unnatural death, a certified copy of the police/traffic report & post-mortem report
<input type="checkbox"/>	Identity document of the deceased member and beneficiary
<input type="checkbox"/>	The Notice of Death form (83/BI-1663 - all pages) as issued by the hospital/doctor
<input type="checkbox"/>	All payments are to be made into a bank account. We require a bank certified copy of the beneficiary's bank statement or cancelled cheque
<input type="checkbox"/>	Official digital death certificate as issued by the Department of Home Affairs
<input type="checkbox"/>	The member's signed Beneficiary Nomination Form

**SECTION C: Personal details of the deceased spouse**

This section is to be completed by the employer in case of death of the member

Title			
Full name(s)			
Surname			
RSA identity Number*		<i>*Compulsory</i>	
If not RSA, passport number*		<i>*Compulsory (if RSA ID not used above)</i>	
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport used</i>	
Date of death		(dd/mm/yyyy)	
Exact cause of death			

**Please provide certified copies of the documents for the deceased spouse:**

<input type="checkbox"/>	In case of an unnatural death, a certified copy of the police/traffic report & post-mortem report
<input type="checkbox"/>	Official digital death certificate as issued by the Department of Home Affairs
<input type="checkbox"/>	Identity document of both the member and the deceased spouse

<input type="checkbox"/>	The Notice of Death form (83/BI-1663 - all pages) as issued by the hospital/doctor
<input type="checkbox"/>	Marriage Certificate or in the case of a marriage recognised as a customary marriage, a certificate of registration or an affidavit in respect of a customary marriage from a community leader or priest
<input type="checkbox"/>	All payments are to be made into a bank account. We require a bank certified copy of the beneficiary's bank statement or cancelled cheque

#### SECTION D: Personal details of the deceased child

This section is to be completed by the employer in case of death of the member

Title		
Full name(s)		
Surname		
RSA identity Number*		<i>*Compulsory</i>
If not RSA, passport number*		<i>*Compulsory (if RSA ID not used above)</i>
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport used</i>
Date of death		<i>(dd/mm/yyyy)</i>
Exact cause of death		

#### Please provide certified copies of the documents for the deceased child:

<input type="checkbox"/>	In case of an unnatural death, a certified copy of the police/traffic report & post-mortem report
<input type="checkbox"/>	Official digital death certificate as issued by the Department of Home Affairs
<input type="checkbox"/>	Identity document or Birth Certificate as well as Identity Document of the member
<input type="checkbox"/>	The Notice of Death form (83/BI-1663 - all pages) as issued by the hospital/doctor
<input type="checkbox"/>	In the event of Still Birth the claim will only be accepted from 26 weeks and over. We therefore require a letter from the doctor/hospital confirming at how many weeks the child was born
<input type="checkbox"/>	A sworn affidavit stating that the deceased child was the insured's or his/her spouse's child if the surnames of the insured and the qualifying child differ
<input type="checkbox"/>	All payments are to be made into a bank account. We require a bank certified copy of the beneficiary's bank statement or cancelled cheque

**SECTION E: Payment details**

## Banking details of the beneficiary

Name of account holder			
Name of bank			
Account number			
Branch code			
Account type	Savings <input type="checkbox"/>	Cheque <input type="checkbox"/>	Current <input type="checkbox"/>

## Please note:

- All payments are to be made into a bank account.
- Payments cannot be made to credit card or bond accounts, third parties or split into different bank accounts.

**Section F: Declaration by the member in the instance of death of a spouse or child**

I, the undersigned member, hereby confirm that the information given herein is true and correct.

Member's Signature		Date (dd/mm/yyyy)	
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**Section G: Declaration by the employer**

I, the undersigned authorised signatory of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct.
- The signature above is that of the aforementioned member and I have verified all the information provided.
- The signature below is only that of an Authorised Signatory of the member's employer.

First name			
Surname			
Designation			
Signed on behalf of the employer		Date (dd/mm/yyyy)	

**Employer's Stamp**

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## 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.

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](#).

Member  
Quick Access  
Self Service



Get in touch with your  
retirement information

### Member Support:

You can update your contact details by registering and logging into our member portal here:

**Web:** <https://www.sanlamonline.co.za/login/> **or Email:** [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) **or Tel:** 086 122 3646