



## Death Claim form Application for a death claim

### What you need to send to us

- This application form (Return only the second page)
- A certified copy of the death certificate
- Bank statement of beneficiaries, cessionaries or estate.

### Where to get more help



Ask your Sanlam adviser or broker to assist you



Visit your nearest Sanlam office



Call Sanlam Death Claims Call Centre at (021) 916 3456



You can find a Death Claims Guide on the web at [www.sanlam.co.za/claims](http://www.sanlam.co.za/claims)

### How to send us the information

Please return the second page of this form, a certified copy of the death certificate and bank statements of beneficiaries, cessionaries and the estate to us in one of the following ways:



Policy Death Claims,  
PO Box 1,  
Sanlamhof 7532



[deathclaims@sanlam.co.za](mailto:deathclaims@sanlam.co.za)



Fax us at  
(021) 947 3989



Ask your Sanlam adviser or broker to assist you

### Next steps after we receive the information

Once we receive the information we will:

- Send a sms or email confirmation, if you have provided us with those contact details.
- Consider the claim taking into account all the information that you have provided.
- Let you know if we need any other information.
- Communicate our decision to the persons involved.

Policy number \_\_\_\_\_

**A. Particulars of deceased**

Full name and surname \_\_\_\_\_

Cause of death  Natural  UnnaturalPlease describe the exact cause of death  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or person who certified the death \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_

Name of the undertaker \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

**B. Who must Sanlam communicate with**

During the claim process we will communicate with the correspondent (persons you choose to receive the correspondence). Please provide the details of your chosen correspondents.

**Spouse or family member** Correspondence language: English  Afrikaans

Full names and surname \_\_\_\_\_

Relation to deceased \_\_\_\_\_

Identity number \_\_\_\_\_

Postal address \_\_\_\_\_

Contact number \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Broker or adviser** Correspondence language: English  Afrikaans

Name and surname \_\_\_\_\_ Broker code \_\_\_\_\_

Contact number \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Other (Attorneys, Bank, Executor)** Correspondence language: English  Afrikaans

Name of institution or person \_\_\_\_\_

Contact person's name and surname \_\_\_\_\_

Postal address \_\_\_\_\_

Contact number \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

**C. Review your financial planning**

Did you know that you can re-invest the money if you are not ready to make a final decision yet?

If you do not have an adviser or broker assisting you, would you like someone to contact you to assist you with your financial planning? Yes  No **D. Your declaration**

I declare that:

- I have completed this document or someone has completed it for me with my approval.
- I understand the information in this document.
- The information in this document is correct.

Full name and surname \_\_\_\_\_

Signature \_\_\_\_\_ Identity number \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)