

All Care Product is underwritten by Sanlam Developing Markets Limited (Reg no. 1911/003818/06) a licensed Life Insurer and an authorised Financial Services Provider FSP 11230 and is administered by Groups Are Us (Pty) Ltd an authorised FSP 45735.

| DETAILS OF THE MAIN MEMBER OR PRINCIPAL INSURED | | | | | | | | | | | |
|---|--------|---------|--------------|----------------|------------------------------|--|--|-------------|--|--|--|
| Name | | Surname | | Policy no | | | | | | | |
| ID Number | | | | Contact Number | | | | | | | |
| DETAILS OF THE DECEASED | | | | | | | | | | | |
| Name | | | | Surname | | | | | | | |
| ID Number | | | | | | | | | | | |
| Relationship to Principal Member | | | | | | | | | | | |
| COMPLETE THIS SECTION IF NOMINATED BENEFICIARY AUTHORIZES PAYMENT OF THE CLAIM TO A 3 RD PARTY | | | | | | | | | | | |
| I, the above-nominated beneficiary, hereby appoint the 3rd party below as the new beneficiary to receive the full benefit due to the claim lodged above. I also hereby indemnify Groups R Us (Pty) Ltd against all and any claim by any party for any benefit or money, or for any loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Groups R Us (Pty) Ltd, and/or the payment by Groups R Us (Pty) Ltd to the below-mentioned beneficiary of any claim in respect of the claim lodged. | | | | | | | | | | | |
| Name | | | | Surname | | | | | | | |
| ID Number | | | | Contact Number | | | | | | | |
| Relationship to Principal Member | | | | | | | | | | | |
| Name of entity (e.g., Funeral Parlour) | | | | Contact Number | | | | | | | |
| Signature of nominated beneficiary giving the above authorisation to the new 3rd party | | | | | | | | | | | |
| | | | | | | | | | | | |
| Member's signature | | | | | Date (yyyy / mm / dd) | | | | | | |
| BANK DETAILS OF THE NOMINATED BENEFICIARY TO RECEIVE THE BENEFIT | | | | | | | | | | | |
| Account Holder Name | | | | Bank | | | | | | | |
| Please provide your correct Bank Account Number | | | | | | | | Branch code | | | |
| Type of Account | Cheque | Savings | Transmission | Other, specify | | | | | | | |
| ACCIDENT REPORT | | | | | | | | | | | |
| PARTICULARS OF THE DEATH CLAIM (for unnatural death or in service-related death) | | | | | | | | | | | |
| Date of death (yyyy/mm/dd) | | | | Cause of death | | | | | | | |
| SAP CASE Number | | | | Police Station | | | | | | | |
| Investigating Officer's Name | | | | | | | | | | | |

Circumstances of the death:

| | | |
|--|-----|----|
| Is anyone being investigated / been arrested in this case? | YES | NO |
| If "YES", is the person directly related to the deceased? | YES | NO |
| Is the death being investigated as SUICIDE? | YES | NO |

DECLARATION AND SIGNATURE OF THE INVESTIGATING OFFICER

I hereby declare that the information provided in this document is accurate and correct.

| | |
|------------------|------------------------------|
| Signature | Date (yyyy / mm / dd) |
|------------------|------------------------------|

DOCUMENTS TO BE SUBMITTED TO SANLAM

| YOUR DOCUMENT CHECKLIST | ✓ Tick what is relevant to the claim and to be submitted | | | | | | |
|--|--|--------|-------------------|-------|---------|-----------|-----------------|
| | Main Member | Spouse | Common law spouse | Child | Student | Stillborn | Extended family |
| DOCUMENTS TO BE ATTACHED | | | | | | | |
| Groups R Us Claim Form | | | | | | | |
| Certified copy of ID document: Deceased | | | | | | | |
| Certified copy of death certificate | | | | | | | |
| BI 1663 / BI 1680 / DHA 1663 / DHA 1680 | | | | | | | |
| Marriage Certificate | | | | | | | |
| Affidavit in the case of a common law marriage | | | | | | | |
| SAP Report / Accident Report (unnatural causes) | | | | | | | |
| Birth / Baptism Certificate | | | | | | | |
| Beneficiary / Claimant ID document | | | | | | | |
| Proof of bank details / Bank statement of beneficiary | | | | | | | |
| Certified copy of mother's ID document | | | | | | | |
| Unabridged death certificate issued by hospital (usually handwritten) | | | | | | | |
| Registration at tertiary institution stating full time student and dependent | | | | | | | |
| Doctor's confirmation of a mentally or physically disabled child | | | | | | | |