



LIBERTY

Own your life

Liberty Life Botswana (Pty) Ltd – Registration Number 2007/5282
Fairground Office Park Block D 1st Floor Unit 10 Plot 50676, Gaborone
Private Bag 00168, Gaborone
Tel: +267 391 0310 Fax: +267 391 0311 Web: www.liberty.co.za

DEATH CLAIM FORM

A. DOCUMENT REQUIREMENTS

- Certified Copy of Death Certificate
- Certified Proof of Identification of the Deceased
- Certified Copy of latest Salary Advice
- Proof of Bank Details of Employer
- Certified Police Report in case of Accidental Death

Note: Liberty Life Botswana (Pty) Ltd reserves the right to call for additional documents where necessary, in order to finalise a claim.

B. CONTACT PERSON FOR CLAIM

Scheme Name _____ Scheme no. _____
 Contact Person _____ Contact Telephone no. _____
 E-mail Address _____
 Name of Employer _____

C. MEMBER DETAILS

Surname _____
 First Names _____
 Employee/ Payroll ref no. _____
 ID/Passport no _____ Member's Annual Salary at Date of Death _____
 Date Employment Commenced _____ Date of Birth _____

D. CLAIM DETAILS

Date of Death _____
 Exact Cause of Death ("natural" or "being investigated" is not acceptable). A police report must be attached for accidental death.

 Name and Contact Details of Medical Practitioner who signed the Death Certificate

 Name and Contact Details of any Other Medical Practitioner who attended the Member during the two years immediately prior to Date of Death

E. CLAIM DOCUMENTATION SUBMITTED (please attached documents)

| | | |
|---|--------------------------|----------|
| Certified Death Certificate | <input type="checkbox"/> | Enclosed |
| Proof of Identification of the Deceased | <input type="checkbox"/> | Enclosed |
| Copy of latest Salary Advice | <input type="checkbox"/> | Enclosed |
| Proof of Bank Details of Employer | <input type="checkbox"/> | Enclosed |
| Police Report in case of Accidental Death | <input type="checkbox"/> | Enclosed |

F. PAYEE DETAILS

- Please issue a cheque to the Employer
- Please pay electronically to the Employer's bank account details below

Name of Account holder _____
 Name of Bank _____
 Name of Branch _____ Branch Number _____
 Account Number _____ Account Type _____

(An original cancelled cheque or ORIGINAL account statement must be attached for verification purposes. Otherwise processing could be delayed)

Note: If you request a cheque, you indemnify Liberty Life Botswana (Pty) Ltd should the cheque be stolen or otherwise missing.

G. EMPLOYER'S DECLARATION

I, the undersigned hereby certify that the above information submitted by me is to the best of my belief and knowledge both true and correct and further confirm that I have not withheld, concealed or misstated any information. I further understand that any misstatement or non disclosure of information which materially affects the assessment of this claim will entitle Liberty Life Botswana (Pty) Ltd to declare this claim null and void.

AUTHORISED SIGNATORY

DATE



Company
Stamp

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. Do not sign blank or incomplete forms.



LIBERTY

Own your life

Liberty Life Botswana (Pty) Ltd – Registration Number 2007/5282
Fairground Office Park Block D 1st Floor Unit 10 Plot 50676, Gaborone
Private Bag 00168, Gaborone
Tel: +267 391 0310 Fax: +267 391 0311 Web: www.liberty.co.za

DEATH CLAIM FORM

A. DOCUMENT REQUIREMENTS

- Certified Copy of Death Certificate
- Certified Proof of Identification of the Deceased
- Certified Copy of latest Salary Advice
- Proof of Bank Details of Employer
- Certified Police Report in case of Accidental Death

Note: Liberty Life Botswana (Pty) Ltd reserves the right to call for additional documents where necessary, in order to finalise a claim.

B. CONTACT PERSON FOR CLAIM

Scheme Name _____ Scheme no. _____
 Contact Person _____ Contact Telephone no. _____
 E-mail Address _____
 Name of Employer _____

C. MEMBER DETAILS

Surname _____
 First Names _____
 Employee/ Payroll ref no. _____
 ID/Passport no _____ Member's Annual Salary at Date of Death _____
 Date Employment Commenced _____ Date of Birth _____

D. CLAIM DETAILS

Date of Death _____
 Exact Cause of Death ("natural" or "being investigated" is not acceptable). A police report must be attached for accidental death.

 Name and Contact Details of Medical Practitioner who signed the Death Certificate

 Name and Contact Details of any Other Medical Practitioner who attended the Member during the two years immediately prior to Date of Death

E. CLAIM DOCUMENTATION SUBMITTED (please ✓ attached documents)

| | | |
|---|--------------------------|----------|
| Certified Death Certificate | <input type="checkbox"/> | Enclosed |
| Proof of Identification of the Deceased | <input type="checkbox"/> | Enclosed |
| Copy of latest Salary Advice | <input type="checkbox"/> | Enclosed |
| Proof of Bank Details of Employer | <input type="checkbox"/> | Enclosed |
| Police Report in case of Accidental Death | <input type="checkbox"/> | Enclosed |

F. PAYEE DETAILS

- Please issue a cheque to the Employer
- Please pay electronically to the Employer's bank account details below

Name of Account holder _____
 Name of Bank _____
 Name of Branch _____ Branch Number _____
 Account Number _____ Account Type _____

(An original cancelled cheque or ORIGINAL account statement must be attached for verification purposes. Otherwise processing could be delayed)

Note: If you request a cheque, you indemnify Liberty Life Botswana (Pty) Ltd should the cheque be stolen or otherwise missing.

G. EMPLOYER'S DECLARATION

I, the undersigned hereby certify that the above information submitted by me is to the best of my belief and knowledge both true and correct and further confirm that I have not withheld, concealed or misstated any information. I further understand that any misstatement or non disclosure of information which materially affects the assessment of this claim will entitle Liberty Life Botswana (Pty) Ltd to declare this claim null and void.

AUTHORISED SIGNATORY

DATE



Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. Do not sign blank or incomplete forms.