

5. PAYMENT DETAILS:

To ensure fast payment and for your protection, payment will only be made by electronic funds transfer.

Payment will be made to the Policyholder, or another party if so requested by the Policyholder. Should a Beneficiary not have a bank account, they may nominate someone else's account. An affidavit from the Beneficiary, a certified copy of the nominated person's ID and bank statement (not older than 3 months) must be submitted.

Name of account holder

Name of bank

Account no

Branch name

Branch no

Please ensure that the above information is correct. FedGroup Life will not be held responsible for delays or other damage due to incorrect details provided.

6. DECLARATION BY EMPLOYER:

We, the undersigned hereby declare that the deceased qualified for benefits in terms of the FedGroup Life Risk Policy at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.

I hereby warrant that I have been duly authorised by the Employer to sign this form on its behalf.

Name

Designation

Employer's signature (duly authorised)

Date

7. DECLARATION BY CLAIMANT:

In my capacity as the Claimant, I declare and warrant that all statements and answers which may now or at the time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any incorrect statements or non-disclosure, which materially affects the assessment of this claim, will entitle FedGroup Life to declare this claim null and void.

FedGroup Life is hereby authorised to make payment as instructed above and I acknowledge that payment, by FedGroup Life of the benefits claimed, shall release FedGroup Life from all liability in respect of such benefits.

Claimant's signature (duly authorised)

Date

8. CONTACT DETAILS:

On completion, please send this form to FedGroup Life

PO Box 782823
Sandton
2146

Tel: 011 305 2300
Fax: 011 305 2484
E-mail: grouprisk@fedgroup.co.za

Initial