

**LOCAL AUTHORITIES AND UTILITY SERVICES IN NAMIBIA (023418)**  
**FUNERAL INSURANCE CLAIM FORM**

**A. Particulars of Member**

Full Names: \_\_\_\_\_  
 Identity Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Employee Nr: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital status: \_\_\_\_\_  
 Date of permanent appointment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last date of active service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of last contribution: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. Particulars of Deceased**

Full Names: \_\_\_\_\_  
 Identity Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Gender: \_\_\_\_\_ Marital status: \_\_\_\_\_  
 Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cause of death: \_\_\_\_\_

<b>C. Description</b>	<b>Tick applicable box:</b>	<b>Amount Payable</b>
Qualifying member		N\$ 42 000.00
Qualifying spouse		N\$ 42 000.00
Qualifying child (Age 14 years and over 21 or disabled) <ul style="list-style-type: none"> <li>• if the child is 21 years or older, but under the age of 26 years, <u>such child is a full-time student at an educational institution</u></li> <li>• Incapacity commenced when the child was either under the age of 21 or under the age of 26 years thus cover can continue to 60.</li> </ul>		N\$ 42 000.00
Qualifying child (Age 6 years and over, but younger than 14 years)		N\$ 22 000.00
Qualifying child (younger than age 6 years and older than 1)		N\$ 10 000.00
Qualifying child (younger than age 1 years and still-born child) <ul style="list-style-type: none"> <li>• In case of the death of a still born baby where a full birth certificate is not issued, a medical certificate of the causes of death – still birth is required where time of pregnancy must be stipulated. Sanlam only pay claims where the applicable beneficiary pregnancy lasted for 26 weeks and more.</li> </ul>		N\$ 10 000.00

**D. Documents required by Sanlam**

1. Certified copies of the following:
  - Death certificate
  - Deceased's identity document
  - Claimant's identity document
  - Marriage certificate or Certificate of Customary Union (in the case of a deceased spouse)
  - Full birth certificate (in the case of a deceased child)
2. Bank Confirmation letter of the beneficiary
3. FIA Form 2 (Must be Completed by the beneficiary if natural person)
4. Copy of insured's latest pay slip
5. Please note additional documents can be requested aligning to the policy definitions.



### E. Beneficiary Details

Beneficiary's Name: \_\_\_\_\_  
Relationship to the Deceased: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Contact Details: \_\_\_\_\_

### F. Declaration and Certification

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

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ ccyy \_\_\_\_\_

On behalf of the scheme

1. \_\_\_\_\_ (Capacity): \_\_\_\_\_

**Official Stamp of Company/Principal Officer:**

**NATURAL PERSON / INDIVIDUAL (Namibian & Foreign)**

 Account nr (investment / policy): \_\_\_\_\_  
 Role (e.g. client / payer): \_\_\_\_\_

**A. INFORMATION REQUIRED:**

1. Full names:	
2. Previous names:	3. Date of Birth (minor only)
4. Surnames:	
5. Nationality (country of birth):	6. Citizenship:
7. ID nr:	8. Valid Passport nr:
9. Occupation:	10. Country of residence:
11. Net amount of monthly income N\$:	12. Principal source of income:
13. Source of funds:	14. Source of wealth:
15. Additional sources of income:	16. Other investments or policies held at Sanlam Allianz:
17. Purpose of business relationship with Sanlam Allianz:	18. Telephone:
19. Employer:	20. Cell phone:
21. Postal address:	
22. Email address:	
23. Residential address (street number, street name, town/city, country):	
24. Residential address in foreign country (if not Namibian):	
25. Country of tax residency:	26. Tax reference number:
27. Business activities:	28. Name of business:
29. Location of business activities (street address):	

**B. VERIFICATION DOCUMENTS REQUIRED:**

1  Identity Document; or  
 Valid Passport.  
 Birth Certificate - acceptable for a minor (below the age of 18 years) only.  
 2  If applicable - Proof of Authority for representative e.g. Power of Attorney / Court Order.

**C. FOR EACH CONNECTED PARTY (If an individual, see FIA Form 1 for information & documents required):**

1  Representative (acts on behalf) of the natural person (e.g. parent / guardian of minor, individual holding a Power of Attorney, curator).  
 2  Beneficial owner (individual on whose behalf a transaction is concluded) of the natural person.

**Declaration:**

I, \_\_\_\_\_ (full names and surnames): hereby confirm that the above information is true and correct.

**Signature**
**Date**
**or declaration by intermediary (Broker / Person contracted by Sanlam Allianz / Sanlam Allianz employee):**

I, \_\_\_\_\_ (names and surnames) with ID nr: \_\_\_\_\_ and with Sanlam Allianz code: \_\_\_\_\_, hereby confirm that I have established the identity of this person as required by the FIA. I have seen the original (or certified copies of the original) verification documents.

**Signature**
**Date**

**\*Source of Wealth: How was most assets aquired? For example, it could have been from: Salary income, inheritance, business income, retirement, divorce settlement, investment proceeds, policy proceeds and/or sale of immovable property etc.**