

# NEW APOSTOLIC CHURCH BURIAL FUND

## CLAIM FORM

Claims & Enquiries: 0860 555 992

Email: [nacbf@fmscenta.co.za](mailto:nacbf@fmscenta.co.za)

ALL CLAIMS ARE SUBJECT TO THE INSURER VERIFYING AND APPROVING, AT ITS SOLE DISCRETION, THE SUBMISSION MADE HEREIN BY THE CLAIMANT

### A. DETAILS OF THE MAIN MEMBER

Surname	<input type="text"/>	First Name/s	<input type="text"/>
ID Number	<input type="text"/>	Member No.	<input type="text"/>

### B. DETAILS OF THE DECEASED

Surname	<input type="text"/>	First Name/s	<input type="text"/>																
ID Number	<input type="text"/>	Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Cause of Death	<input type="checkbox"/> Natural	<input type="checkbox"/> Unnatural	<input type="checkbox"/> Suicide																
		Date of Death	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

### C. INDICATE TYPE OF CLAIM AND CLAIM AMOUNT

		BENEFIT AMOUNT	Tick Appropriate
Main Member		R 20 000	<input type="checkbox"/>
Spouse		R 20 000	<input type="checkbox"/>
Child	14 – 20 / 25 years	R 20 000	<input type="checkbox"/>
Child	06 – 13 years	R 15 000	<input type="checkbox"/>
Child	00 – 05 years	R 5 000	<input type="checkbox"/>
Stillborn	pregnancy from 28 weeks onwards	R 5 000	<input type="checkbox"/>

### D. DETAILS OF THE BENEFICIARY

Surname	<input type="text"/>	First Name/s	<input type="text"/>
ID Number	<input type="text"/>	Relationship to Main Member	<input type="text"/>
Cell Number for issuing of Grocery Voucher	<input type="text"/>		

### E. TO BE COMPLETED IF THE BENEFICIARY AUTHORIZES THE PAYMENT OF THE CLAIM TO A 3RD PARTY

I, the beneficiary as detailed in Section D, hereby appoint the 3rd party detailed in Section E as the new beneficiary to receive the full benefit due in respect of the claim lodged above. I also hereby indemnify African Unity Life against any / all claim by any party for any benefit or money, loss of damages incurred or suffered, in respect of, or caused by any representation made by me to African Unity Life and / or the payment by African Unity Life to the below mentioned beneficiary of any claim in respect of the claim lodged.

3 <sup>rd</sup> Party Name (e.g. Funeral Parlour)	<input type="text"/>
Signature of Beneficiary	<input type="text"/> giving authorisation to the new 3rd party

### F. DECLARATION TO BE COMPLETED BY THE RECTOR / PRIEST / COORDINATOR

I hereby declare and affirm that all information reflected on this claim form is true and correct.

Name & Surname	<input type="text"/>	Congregation	<input type="text"/>																
Signature	<input type="text"/>																		
Contact Number	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

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### G. BANKING DETAILS OF THE BENEFICIARY / 3RD PARTY TO RECEIVE THE BENEFIT

Accountholder Name	<input type="text"/>	Bank	<input type="text"/>
Account No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Other, please stipulate <input type="text"/>		

### H. DOCUMENTS TO BE SUBMITTED

- Certified copy of Death Certificate
- If a handwritten abridged death certificate is submitted, this must be accompanied by a **letter from the Department of Home Affairs** with the reason why a handwritten abridged death certificate was produced
- Notification of Death / Stillbirth form (DHA 1663/ B1663)
- Police Report for unnatural / accidental death
- Certified copy of Main Member's Identity Document
- Certified copy of Nominated Beneficiary's Identity Document, if the main member is deceased
- Certified copy of Identity Document / Unabridged Birth Certificate, if deceased is a Child
- Certified copy of Marriage Certificate, if deceased is a Spouse
- Membership Statement / Certificate of Membership

*\* Subject to any other information requested by African Unity Life from time to time.*

### I. PROTECTION OF PERSONAL INFORMATION DECLARATION TO BE COMPLETED BY THE BENEFICIARY

African Unity life Limited ("AUL") understands that your personal information is important to you, therefore your privacy is just as important to AUL and we are committed to safeguard and process your information in a lawful manner.

By affixing your signature below, you agree and consent to the following:

- I consent to the processing of my personal information, including the sharing of information for purposes of implementing and maintaining this policy and such other services which may include verifying my identity, processing and paying for future claims and using my personal information in risk models and personal profiles to enhance the overall risk management by the Insurer.
- I acknowledge that I have certain rights, such as objecting to the collection of my personal information and lodging a complaint in this regard. (Further information may be obtained on the Insurer's website or the disclosure document which will be provided to the policyholder.)

Beneficiary Name & Surname

Signature of Beneficiary

Date 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

African Unity Life Limited ("AUL") 2003/016142/06 is a licensed life insurer and an authorized financial services provider FSP 8447  
Address: Springfield Office Park, 109 Jip de Jager Drive, Bellville, 7530 Telephone: 0861 234 555