

# DEATH CLAIM NOTIFICATION FORM



## 1. POLICYHOLDERS / LIFE INSURED'S DETAILS

Policyholder:  Policy No:   
Member Group No:  Was Life Insured actively employed at the date of death?  Yes  No  
ID Number of Life Insured:  Surname of Life Insured:   
First Names of Life Insured:  Title:   
Name of Deceased:  Date of Death:     
Relationship to Life Insured:

## 2. SETTLEMENT OF BENEFIT

Account Holder:   
Bank:  Branch Code:     
Account Number:  Branch:   
Type of account: Cheque  Savings

## 3. UNDERTAKERS DETAILS

Name of Undertaker:   
Telephone Number:  Fax Number:   
Address:   
 Code:

Signature: \_\_\_\_\_ Date:     
Name of Claimant:  Relationship to Deceased:   
Home Tel:  Fax Number:   
Cell Number:

Please refer to our website [www.fmi.co.za](http://www.fmi.co.za) for the list of document requirements or contact our Client Care team on 0860 10 11 19.

Please be reminded that you have six months from the date of death to submit all required original certified documentation. Failure to do so may result in repudiation of your claim.

Underwritten by:



Directors: PJ Cordial, SF Cordial, L Kujawa, BJ Toerien, J Symmonds, C Backeberg, W Smith Secretary: SF Cordial Registration Number: 1995/006325/06

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