ENDOWMENT POLICY DEATH CLAIM FORM

For an endowment where the life assured has died and separate beneficiaries have been nominated for ownership and proceeds.

VERSION NUMBER 1

IMPORTANT INFORMATION

1. Please note that information will be verified with family members, or other persons, via email or telephonically, as required.
2. **Please send your signed instruction and supporting documents (if applicable) to the Administrator at intsructions@itransact.co.za.**
3. The responsibility of transmitting the documents to the Administrator lies with the sender. No form is considered complete without all required documentation.
4. By submitting this Death Claim Application, the Executor and/or Beneficiary hereby applies for the payment and/or transfer of the proceeds relating to the investment listed below.
   The Executor and/or Beneficiary acknowledges and confirms that payment and/or transfer of the applicable proceeds by the Administrator, in accordance with the instructions provided in this application, shall constitute **full and final discharge of the Administrator's liability and obligations** in respect of such investment and the proceeds thereof.
5. The Administrator may request further information or documentation if required.

DOCUMENT CHECKLIST

FICA Requirements for a deceased Investor

- ☐ Copy of the death certificate
- ☐ Copy of the deceased's identity document

Beneficiary of Ownership

- ☐ Copy of beneficiary identity document
- ☐ Proof of each beneficiary bank account
- ☐ Proof of address
- ☐ Marriage certificate/divorce order, where applicable

Beneficiary of Proceeds

- ☐ Copy of beneficiary identity document
- ☐ Proof of each beneficiary bank account
- ☐ Proof of address
- ☐ Marriage certificate/divorce order, where applicable

Executor(s) of the Estate (where applicable)

- ☐ Copy of the letter of executorship
- ☐ Copy of the executors identity document
- ☐ Proof of banking details of the deceased estate
- ☐ Proof of residence (not older than 3 months)

SECTION 1: POLICY DETAILS

Policy / Investment number

Policyholder / Investor

Investor Number

Life assured

ID / Passport number

Date of Death

Date of Birth

SECTION 2: DEATH OF LIFE ASSURED

Cause of death

Type of death

☐ Natural ☐ Accidental ☐ Other

Other

SECTION 3: BENEFICIARY OF OWNERSHIP

Please note a new business application form and/or transfer form may be required to finalise the transfer request.

Name

Surname

ID / Passport Number

Relationship to Deceased

Citizenship

Country of Birth

Occupation

Contact Number

Email

Residential Address

Code

I confirm that I am the nominated beneficiary of ownership and request that the ownership rights in the endowment be transferred to me, subject to the policy terms and the insurer/platform's requirements

I declare that the information provided is true and correct. I acknowledge that the transfer of ownership is subject to the endowment's terms and verification of the beneficiary nomination. I understand that becoming the owner does not necessarily mean that I am entitled to receive the death proceeds where a separate valid beneficiary of proceeds has been nominated.

Date (ddmmyyyy) | | | | | | | | |

Signature of beneficiary of ownership

SECTION 4: BENEFICIARY OF PROCEEDS

Name	
Surname	
ID / Passport Number	
Relationship to Deceased	
Contact Number	
Email	

This bank account must be a South African bank account in the name of the claimant or the claimant's legal guardian in the case of a minor.

Name of Account Holder	
Name of Bank	
Account Number	
Branch Name	
Branch Code	
Account Type	

I confirm that I am the nominated beneficiary of proceeds and request payment of the
to verification and the policy terms.

I declare that the information provided is true and correct. I acknowledge that payment of the proceeds is subject to verification of my nomination and the endowment's terms and conditions.

Date (ddmmyyyy) | | | | | | | | |

Signature of beneficiary of proceeds

SECTION 5: EXECUTOR DETAILS

Please complete this section if no beneficiary was appointed on the Policy.

Executor's Name	
Estate Number	
ID / Passport Number	
Mobile Number	
Work Number	
Email Address	

This bank account must be a South African bank account held in the name of the Estate Late or the duly authorised executor/representative of the estate.

Name of Account Holder	
Name of Bank	
Account Number	
Branch Name	
Branch Code	
Account Type	

I/We, the undersigned Executor(s) of the Estate of the deceased Policyholder, hereby confirm that, to the best of my/our knowledge and based on the records available, no beneficiary was appointed in respect of the endowment policy/investment listed in this Death Claim Application.

I/We hereby apply, in my/our capacity as the duly appointed Executor(s) of the deceased estate, for the payment and/or transfer of the proceeds of the investment to the deceased estate, subject to the Administrator receiving and verifying all required documentation and confirming my/our authority to act on behalf of the estate.

I/We acknowledge and confirm that any payment or transfer made by the Administrator in accordance with the applicable policy terms and conditions, and to the deceased estate or as otherwise lawfully instructed by the duly authorised Executor(s), shall constitute full and final discharge of the Administrator's liability and obligations in respect of the investment and the proceeds thereof.

I/We further confirm that I/we will be responsible for the proper administration and distribution of the proceeds in accordance with the applicable law and the requirements of the deceased estate.

I/We undertake to notify the Administrator immediately should any information provided in this declaration be found to be incorrect or should any person establish a valid claim or entitlement to the investment or its proceeds.

Date (ddmmyyyy)

Signature of executor of the estate

SECTION 6: ADMINISTRATOR CONTACT DETAILS

Financial Advisor Support Centre
Telephone 086 143 2383 | Email info@itransact.co.za

Investor Support Centre
Telephone 086 146 8383 | Email investor@itransact.co.za

www.itransact.co.za