



## Group Funeral Claim Form

To claim, please complete this form and send it back to us by email, or hand it in at your nearest Structured Risk Solutions Client Services. Our contact details are:

Physical address Building 2 Country Club Estate Woodlands Drive, Woodmead, Johannesburg, 2196  
 Email [claims@structuredrisksolutions.co.za](mailto:claims@structuredrisksolutions.co.za)  
 Telephone 011 258 8700

### Attach the following documents to the completed claim form:

1. Certified proof of identity for the main member (copy of certified ID or copy of birth certificate or passport)
2. Certified proof of identity for the claimant (copy of certified ID or copy of birth certificate or copy of passport)
3. Certified proof of identity for the deceased (copy of certified ID or copy of birth certificate or copy of passport)
4. Certified proof of banking details only if proceeds are to be transferred to an account different from premium collection account
5. Proof of marriage (certified marriage certificate, lobola letter, if staying together proof cohabitation e.g. letter from councilor, bill payments in name of the couple with same address)
6. Certified copy of death certificate of the deceased
7. Fully completed police report, if the cause of death is unnatural; accidental; or suicide
8. Copy of BI-1663 or DHA-1663 or BI-1680 (please ensure page 2 of 3 of BI is signed by informant with clear signature)
9. Proof of last 6 months premiums paid by the member and have completed the waiting period.

Scheme Name
Group Name

<b>A. DETAILS OF THE POLICY</b>											
Policy Number				Inception Date			/ /				
Claim Amount											
<b>B. DETAILS OF MAIN MEMBER</b>											
Surname				Name							
I.D. Number				Relation to deceased							
Contact No.				Address							
<b>C. DETAILS OF DECEASED</b>											
Surname				Name							
I.D. Number				Date of death							
Deceased was (tick v one)		Main member	Spouse	Child	Ext member	Parent	Cause of death (tick v one)		Natural	Unnatural	Suicide
Address											
<b>D. DETAILS OF CLAIMANT (complete if main member is the deceased)</b>											
Surname				Name							
I.D. Number				Relation to deceased							
Contact No.											
<b>E. BANKING DETAILS TO WHICH THE POLICY BENEFITS MUST BE PAID</b>											
Do you authorise payment to be made to the funeral parlour?							YES		NO		
Name & Surname of Account Holder											
Bank Name				Branch Name							
Account No				Branch Code							
Account Type (Tick v one)		Savings	Cheque	Transmission							
Policy to continue?		YES	NO								

F. Declaration by Main Member / claimant if main member is deceased

Should any benefits be payable to me, I, the undersigned, authorise African Rainbow Life Limited to pay the benefits into the above account, and release African Rainbow Life Limited from any responsibility and/or further claims from this policy, if payment is made into an incorrect bank account that I gave.

\_\_\_\_\_  
Signature of Life Assured

\_\_\_\_\_  
Date

African Rainbow Life, Company Registration Number 2018/329171/06 is a registered insurer and authorised financial services provider (FSP: 49802)

Structured Risk Solutions is an authorized financial services provider. Company registration number: 2016/233252/07. FSP 50618. Terms and conditions apply.