

3. Details of Deceased (Continued)

Country of Origin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Death

Y	Y	Y	Y	M	M	D	D
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Place of Death

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For an unnatural death, the police station where the death was reported

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Time of Death

H	H	:	M	M	AM	PM
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Cause of Death

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Funeral Parlor Details

Name of Funeral Parlor

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Funeral

Y	Y	Y	Y	M	M	D	D
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5. Details of Payment

Payment of the Funeral benefit - We instruct Triarc to pay the Funeral benefit by Electronic Funds Transfer (EFT) as detailed here:

1. To ensure fast payment and for your protection, payment will only be made by Electronic Funds Transfer
2. Payment will only be made to the policy owner or nominated beneficiary
3. No payment to a third party will be allowed
4. We will require proof of the account (cancelled cheque or bank statement with account number and name of accountholder)

Please ensure the account information is correct. Triarc will not be held responsible for delays or other damages because of incorrect details being provided. If payment is required to more than one account, please provide proof of all account details. No payments can be made to a non-South African bank.

Beneficiary Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account holder

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type

Current	Transmission	Savings
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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Declaration

I declare my answers and statements are true and correct and I have not omitted or withheld any material fact from Triarc.

I understand and accept that it may be necessary for Triarc to disclose the benefit payment details to the policyholder, beneficiaries and/ or their respective agents.

Triarc is authorised to make payment as instructed and I acknowledge that payment, by Triarc of the benefits claimed, will release Triarc from all liability for such benefits.

Signed at													

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																	

Designation									

Signature

Company Stamp

8. POPIA Consent Clause - Claim Form

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
4. Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws.

Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signed at													

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																							

Signature

Annexure A

The following supporting documentation must be submitted:

Death of Member	
Copy of Death certificate	
Copy of member's ID or back and front copies of new ID card	
Copy of latest pay slip (member)	
For Foreign national, a certified copy of the late member passport and death certificate. BI-20+DHA1663 forms. An English translation of document submitted in another language	
DHA1663 Registration of Death form	

Death of Spouse	
Copy of Death certificate	
Copy of member's ID or back and front copies of new ID card	
Copy of deceased's ID or back and front copies of new ID card or birth certificate	
Copy of latest pay slip (member)	
Copy of marriage certificate or proof of customary union or marriage	
DHA1663 Registration of Death form	

Death of Child	
Copy of Death certificate	
Copy of member's ID or back and front copies of new ID card	
Copy of deceased's ID or back and front copies of new ID card or birth certificate	
Copy of latest pay slip (member)	
If the surname of a child is different to that of the member, an affidavit is required from one of the parents as proof of relationship.	
DHA1663 Registration of Death form	
If Stillbirth, a doctor's note or DHA1663 confirming gestation period at date of death.	
Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death.	
Child who is incapacitated (mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate)	

Triarc reserves the right to request additional documents should they so require.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.