

2. Details of Member

Surname																											

First Names																												

Initials	Date of Birth								ID Number																			
	Y	Y	Y	Y	M	M	D	D																				

Country of Origin																												

Residential Address																								Code				

Telephone Number											

Cellphone Number											

Date of Employment							
Y	Y	Y	Y	M	M	D	D

When did the member first become eligible for membership of the plan?

Date of Eligibility							
Y	Y	Y	Y	M	M	D	D

Last day actively at work																	
Y	Y	Y	Y	M	M	D	D										

If the last day actively at work differs from the spouse's date of death, state reason for absence.																												

Annual Salary at Last Revision											
R											

Date of Last Increase							
Y	Y	Y	Y	M	M	D	D

Annual Salary at Date of Death											
R											

Date of Death							
Y	Y	Y	Y	M	M	D	D

3. Details of Deceased

Surname																												

First Names																												

3. Details of Deceased (Continued)

Initials

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Date of Birth

Y	Y	Y	Y	M	M	D	D
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ID Number

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Country of Origin

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

Residential Address

Code

Date of Death

Y	Y	Y	Y	M	M	D	D
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Place of Death

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Time of Death

H	H	:	M	M	AM	PM
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Cause of Death

Is an inquest to take place

Yes

No

Date health of Spouse first began to worsen? (if applicable)

Y	Y	Y	Y	M	M	D	D
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Date Spouse first saw a Doctor for their illness? (if applicable)

Y	Y	Y	Y	M	M	D	D
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4. Funeral Parlour Details

Name of Funeral Parlour

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Telephone Number

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Date of Funeral

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

Payment of the Life Cover benefit - We instruct Triarc to pay the Life Cover 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 account holder)

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.

5.1 Payment of the Life Cover benefit

1	Beneficiary Name														
	Amount										Option				
											Rand Amount		Percentage		
	Account holder														
	Name of Bank														
	Branch Code					Account Type									
						Current		Transmission			Savings				
Account Number															

5.2 Payment of the Funeral Cover benefit

2	Beneficiary Name														
	Amount										Option				
											Rand Amount		Percentage		
	Account holder														
	Name of Bank														
	Branch Code					Account Type									
						Current		Transmission			Savings				
Account Number															

6. POPIA Consent Clause - Claim Forms

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