

Death claim form

(This form does not apply to retirement annuities or funeral policies).

Policy number 1.										
Policy number 2.										
Policy number 3.										

You have a say in how Momentum treats your personal information. We abide by confidentiality principles and the Protection of Personal Information Act. You voluntarily give us your consent to collect, record, store and use (process) your information including special information for the purposes of processing and assessing this claim, and related transactions and to share it with our partners and contracted service providers who are legally bound to the same principles. Your personal information is collected and processed by our staff, representatives, reinsurance partners or sub-contractors. We will make every reasonable effort to protect and secure your personal information. To assess your claim, we may need to share your information with others in the Momentum Metropolitan Group or contracted service providers (both locally and abroad). Momentum Metropolitan Group will make sure that the contracted service providers agree to our privacy and security policies if they need access to your personal information for claims and statistical purposes.

You can access your information at any time and ask us to change or correct it. You may object to us using your personal information except when we need it to conclude business transactions with you, or to fulfil our legal obligations. You also have a right to request that we delete your personal information in our possession if we no longer legally require it. If you think your personal information is being tampered with, or that it has not been protected, please refer your complaints to our internal data privacy team at dataprivacy@momentummetropolitan.co.za. Should you not be satisfied with the outcome, you may refer your case to government's Information Regulator at inforeg@justice.gov.za or contact them on **012 406 4818**.

Contact details

To submit a claim, follow up on a claim, or to provide us with additional required documentation, you can contact us in any of the following ways. Our office hours are from 8:00 – 17:00.

E-mail: **deathclaims@momentum.co.za**
 Fax: **+27 12 675 3947** (Please quote the policy number on the fax.)

Or call us for more information:

Sharecall (South Africa): **0860 44 11 11**
 Tel: **+27 12 675 3052**
 International: **+27 11 505 1552**

All relevant questions have to be completed in full. All supporting documentation must be attached to this form.

Requirements

Please choose the category that applies to you and send us the documents marked as required for the particular category.

Please indicate your role:	<input type="checkbox"/> Cessionary	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Policyholder	<input type="checkbox"/> Executor
	Cessionary	Beneficiary	Policyholder	Executor
A fully completed and signed <i>Death claim form</i> .	✓	✓	✓	✓
A certified copy of the death certificate.	✓	✓	✓	✓
A certified copy of the deceased's identity document.	✓	✓	✓	✓
A certified copy of the DHA-1663 obtainable from the doctor who declared the death.	✓	✓	✓	✓
If the deceased died of unnatural causes, we require the <i>Unnatural death claim form</i> (CLAIM 003), which must be completed by the Police Investigating officer.	✓	✓	✓	✓
A certified copy of the claimants(s) identity document(s).	✓	✓	✓	✓
A copy of the bank statement or a cancelled cheque. (<i>According to the Financial Intelligence Centre Act (FICA), we must identify the roleplayer, and verify information. This means we can ask for additional information and documents.</i>)	✓	✓	✓	✓
A certified copy of the letters of executorship or Article 18 (3) letter of administration.				✓
Certified proof of residential address, not older than three months, reflecting the name of the claimant.	✓	✓	✓	✓

Please note: We will not be able to proceed with the claim if all the documents asked for are not attached to this form.

Preferred communication

As part of our claim's process we will keep your servicing financial adviser on our system informed of the progress of the claim.

Should you not wish the servicing financial adviser to remain informed of the progress of the claim, please indicate with a tick.

In the event that you selected the above option, you will be responsible to submit all claim documentation to Momentum directly.

Name and surname	<input type="text"/>
Email address	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1: Details of claimant

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Name of Institution (if the claimant is an institution)	<input type="text"/>					
Identity number (RSA residents only)	<input type="text"/>	Permanent ID	<input type="text"/> Yes <input type="text"/>	<input type="text"/> No <input type="text"/>		
Passport number (non-RSA residents only)	<input type="text"/>	Passport expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Passport country of issue	<input type="text"/>					
Postal address	<input type="text"/>				Postal code	<input type="text"/>
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	Fax - work	<input type="text"/>			
Telephone - home	<input type="text"/>	Fax - home	<input type="text"/>			
Cellphone number	<input type="text"/>					
E-mail address	<input type="text"/>					
Which method of communication do you prefer?	<input type="text"/> Post <input type="text"/>	<input type="text"/> E-mail <input type="text"/>	What language do you prefer?	<input type="text"/> English <input type="text"/>	<input type="text"/> Afrikaans <input type="text"/>	

2: Details of the deceased

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Identity number (RSA residents only)	<input type="text"/>	Permanent ID	<input type="text"/> Yes <input type="text"/>	<input type="text"/> No <input type="text"/>		
Passport number (non-RSA residents only)	<input type="text"/>	Passport expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Passport country of issue	<input type="text"/>					
Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Exact cause of death (please give full details - 'Natural/unnatural causes' not acceptable)	<input type="text"/>					
If the cause of death is unnatural , we require a completed <i>Unnatural death claim form</i> (CLAIM 003).						
In the event of a natural death, when did the condition start that caused the death? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Name of the deceased's doctor	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>					
Was the deceased employed?	<input type="text"/> Yes <input type="text"/>				<input type="text"/> No <input type="text"/>	
Name of employer	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	Employee number	<input type="text"/>			

2: Details of the deceased (continued)

Was the deceased a member of a medical aid?

Yes

No

Name of medical aid

Medical aid number

3: If the claimant is a cessionary (e.g. bank) (To be completed by the cessionary)

Do you give consent to Momentum paying the difference between the claim value and the amount owed to you directly to the nominated beneficiary/beneficiaries?

Yes

No

If "yes", state the amount payable to you

Valid until

Full name

Designation

Signature of authorised person

Date

Company stamp

4: Bank details of claimant:

Please attach a copy of your bank statement not older than three months or a cancelled cheque. The bank statement must be on a bank letterhead or have a bank stamp on.

Name of account holder

Bank

Branch

Account number

Branch code

Account type

Savings

Transmission

Signature of account holder

Date

5: Payment options

If a claim is validated you may choose one of the following options if you do not wish to receive the full amount into your own bank account:

Transfer all the proceeds to a Momentum Wealth Investment Policy.

1 0 0 %

Transfer part of the proceeds to a Momentum Wealth Investment Policy.

Amount

R

Requirements

If you choose to purchase a Momentum Wealth Investment Policy, we need the following documents to finalise the claim:

1. A fully completed application for the investment which must be dated and signed.
2. The signed quotation for the new investment policy.

We will proceed with the claim on this policy once we have received all the necessary requirements.

6: Disclaimer

Momentum will take all reasonable steps to ensure the security and confidentiality of the information submitted. Momentum also ensures the integrity and security of its electronic data systems and warrants that it will comply with all relevant legislation relating to electronic communications. However, Momentum will accept no liability for loss or damages of any nature resulting from:

- Your negligent usage of this electronic platform for transactional purposes or that of your Representative.
- The claim data being incorrectly captured by you or on your behalf.
- The payment details or the payee details being incorrect.

