



# FUNERAL BENEFIT CLAIM FORM

How to Complete this form

1. Please use one letter per block
2. Deliver the original signed Claim Form to Bophelo Life Insurance Administrators (Pty) Ltd

## Documents to attach

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| <ol style="list-style-type: none"> <li>1. Certified Copy of Death Certificate (Computerised BI-5)</li> <li>2. Certified Copy of the Deceased's Identity Document</li> <li>3. Certified Copy of the Beneficiaries Identity Document</li> <li>4. Copy of Notice of Death/Stillbirth (BI 1663)</li> </ol> | <ol style="list-style-type: none"> <li>5. Proof of Banking Details of the Beneficiary (Bank Statement or Cancelled Cheque)</li> <li>6. Contact Details of Funeral Parlour (If Applicable)</li> <li>7. Proof of Relationship, either Affidavit or Certified Copy of Marriage Certificate</li> </ol> |
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## A. Member Details

Surname:	
First Name(s):	
ID Number:	
Date of Birth:	
Residential Address:	
Code:	
Tel No:	
Fax No:	
Cell No:	
Email:	

## B. Details of Deceased

Relationship to member:	
Surname:	
First Name (s):	
ID Number:	
Date of Birth:	
Date of Death:	
Cause of Death:	

