

**LOCAL AUTHORITIES AND UTILITY SERVICES IN NAMIBIA (023418)
FUNERAL INSURANCE CLAIM FORM**

A. Particulars of Member

Full Names: _____
 Identity Number: _____ Date of Birth: ____/____/_____
 Employee Nr: _____ Gender: _____ Marital status: _____
 Date of permanent appointment: ____/____/_____
 Last date of active service: ____/____/_____
 Date of last contribution: ____/____/_____

B. Particulars of Deceased

Full Names: _____
 Identity Number: _____ Date of Birth: ____/____/_____
 Gender: _____ Marital status: _____
 Date of death: ____/____/_____
 Cause of death: _____

C. Description	Tick applicable box:	Amount Payable
Qualifying member		N\$ 50 000.00
Qualifying spouse		N\$ 50 000.00
Qualifying child (Age 14 years and over 21 or disabled) <ul style="list-style-type: none"> • if the child is 21 years or older, but under the age of 26 years, <u>such child is a full-time student at an educational institution.</u> • Incapacity commenced when the child was either under the age of 21 or under the age of 26 years thus cover can continue to 60. 		N\$ 50 000.00
Qualifying child (Age 6 years and over, but younger than 14 years)		N\$ 30 000.00
Qualifying child (younger than age 6 years and older than 1)		N\$ 10 000.00
Qualifying child (younger than age 1 years and still-born child) <ul style="list-style-type: none"> • In case of the death of a still born baby where a full birth certificate is not issued, a medical certificate of the causes of death – still birth is required where time of pregnancy must be stipulated. Sanlam only pay claims where the applicable beneficiary pregnancy lasted for 26 weeks and more. 		N\$ 10 000.00

D. Documents required by Sanlam

1. Certified copies of the following:
 - Death certificate
 - Deceased's identity document
 - Claimant's identity document
 - Marriage certificate or Certificate of Customary Union (in the case of a deceased spouse)
 - Full birth certificate (in the case of a deceased child)
2. Bank Confirmation letter of the beneficiary
3. FIA Form 2 (Must be Completed by the beneficiary if natural person)
4. Copy of insured's latest pay slip
5. Please note additional documents can be requested aligning to the policy definitions.



E. Beneficiary Details

Beneficiary's Name: _____
Relationship to the Deceased: _____
Name of Bank: _____
Branch: _____
Account Number: _____
Residential Address: _____
Contact Details: _____

F. Declaration and Certification

We, the undersigned, hereby declare that the deceased qualified for benefit in terms of the scheme at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.

Signed at _____ on the _____ day of _____ cyy _____

On behalf of the scheme

1. _____ (Capacity): _____

Official Stamp of Company/Principal Officer:

Client tax details

In the table below, please list each country and tax number where you are resident for tax purposes:

Primary country of tax residency	Tax identification number
Other countries of tax residency	Tax identification number

Please provide your **value added tax (VAT) registration number**, if applicable: _____

If you pay taxes in the United States of America or are a US citizen or resident, you need to comply with the U.S. Foreign Account Tax Compliance Act (FATCA).

A United States (US) **citizen** is a person who:

- a) has US nationality,
- b) was born in the US,
- c) was born in Puerto Rico, Guam or US Virgin Islands,
- d) was a former foreigner but has been naturalised as a US citizen,
- e) has a parent who is a US citizen.

A US **resident** is a person (also a foreigner) who resided in the US during the past calendar year, having a physical or postal address, or both, in the US.

Are you a citizen or resident of the United States of America, or do you have a USA tax number? Y N

If yes, what is your tax or social security number? _____



If yes, please also complete and attach the **W-9 form** available on www.irs.gov.

This form must be signed by the US resident or citizen.

Client financial information

In order to comply with FIA legislation, we need your financial information:

- What is your employment status? Choose the **one** most applicable to you.
- | | |
|--|---|
| <input type="checkbox"/> Salaried employee | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Student (18 and older) |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Home executive | |

Do you earn an income? Y N

If you answered yes above, please complete the following:

How do you earn your income? Salary Pension Business Dividends
Other _____

What is your annual income before tax? N\$ _____

If you earn an **additional** income, how do you earn it? Salary Pension Business Dividends
Other _____

What is your **additional** annual income before tax? N\$ _____

What is your occupation? _____

Who is your employer? _____

Only complete this if your employment status is "salaried employee" or "self-employed": Which industry or sector do you currently work in? Only choose one.

(All options refer to private sector except for "state owned enterprise" and "public sector")

- | | |
|--|---|
| <input type="checkbox"/> Extractive services (e.g. mining) | <input type="checkbox"/> Construction |
| <input type="checkbox"/> State owned enterprise | <input type="checkbox"/> Public sector |
| <input type="checkbox"/> Agriculture, forestry or fishing | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Financial and business services | <input type="checkbox"/> Wholesale and retail trade |
| <input type="checkbox"/> Accounting services | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare or medical |
| <input type="checkbox"/> Information technology (IT) | <input type="checkbox"/> Automotive or aviation |

Travel, tourism, accommodation or food services

Other industry or sector _____

What is the purpose of your investments with us?

Retirement savings

To generate an income

Short-term flexible investments

Saving for a specific goal

Long-term investment with capital growth

Other reasons: _____

If you are self-employed or have business activities:

What are your business activities? _____

What is the name of your business? _____

Where is your business situated? _____

1.2 All my investments and policies with Sanlam Allianz Namibia

Legislation requires that you confirm all investments and policies you have with us.

Client number	Investment or policy number	Type of product (investment, retirement fund or policy)	Name of product	Name of investment, retirement fund or policy
123456	58395	Policy	Sanfuture	Risk Cover & Savings Policy
7890	12798	Investment	Unit trust	Money Market Fund
1				
2				
3				
4				
5				
6				

Client source of wealth

Please indicate how you acquired most of your wealth _____

For example, it could have been from: Salary income, inheritance, business income, retirement, divorce settlement, investment proceeds, policy proceeds and/or sale of immovable property etc. (If the wealth was acquired through savings, please elaborate).

2. SIGN THE DECLARATION

Please indicate who is making the declaration (select only **one** of the below). The person selected below must sign this form.

Intermediary declaration Sanlam Allianz code _____

I, the financial intermediary, person contracted by Sanlam Allianz or Sanlam Allianz employee, hereby confirm that I have established the identity of this client as required by the FIA and the FIA Regulations. I have seen the original or certified copy of the FIA verification document.

Client or authorised person declaration

I, the client or authorised person acting on behalf of the client, confirm that the above information is true and correct.

Signature of the person making the declaration _____

Print name and surname _____

Date

Y	Y	Y	Y	M	M	D	D
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