



TD Administrative Services (Pty) Ltd
 Reg No 2014/090534/07
 An authorised financial service provider (FSP 7379)
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 Randpark Ridge, 2169
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SURVIVOR CLAIM FORM

POLICY NUMBER:	Date of Death:	
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Main member details:

Full name of member: _____
 Identity Number:

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 Date of joining scheme: _____

Beneficiary details

Full name of claimant: _____
 Identity Number:

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 Relationship to main member: _____

Contact Telephone: _____ Contact Email: _____

<p>Documents attached:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Member's ID <input checked="" type="checkbox"/> Death certificate (computerised) <input checked="" type="checkbox"/> Beneficiaries ID <input checked="" type="checkbox"/> Police report (accidental death only) <input checked="" type="checkbox"/> B1 1663 (front page) <input checked="" type="checkbox"/> Confirmation of banking details for beneficiary (front page of a bank statement / bank letter) 	<p>Payment details (for FNB Fiduciary to pay beneficiary)</p> <p>Bank: _____</p> <p>Branch: _____</p> <p>Branch Code: _____</p> <p>Type of account: _____</p> <p>Account Number: _____</p> <p>Account name: _____</p>
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DOCUMENTS FOR FICA

Document addressed to the beneficiary, less than 3 months old, showing residential address (utility bill etc)
 Payslip / salary advice of the beneficiary showing name and income tax number

If the beneficiary does not have a SARS income tax number, please submit an affidavit confirming this

Note – All copies of Identity Documents and the Death Certificate must be certified and must state that they are true copies of the originals. If the ID is a smart card then copies of both the front and the back of the card must be submitted

THE ORIGINAL COPIES OF ALL OF THE ATTACHED MUST BE DELIVERED TO TD ADMINISTRATIVE SERVICES AT THE ADDRESS ABOVE. IF THESE ARE SENT VIA SPEED POST PLEASE ADVISE THE TRACKING NUMBER

The payment is made to FNB Fiduciary – you will be notified of their contact details together with the proof of payment

Declaration:

I understand that the administrator has the right to request additional documents they regard as necessary to verify the claim. I understand that incomplete details may cause delays and may be requested again later. All statements and answers I have given or will give in connection with this claim are true and complete. I understand that if I have given wrong information or failed to give information that materially affects the assessment of this claim, the insurer, Hollard Life Assurance Company, will have the right to declare this claim null and void. Payment of this claim will be full and final settlement of all liability by Hollard Life Assurance Company in respect of the deceased under this policy.

Dated at _____ this _____ day of _____ 20_____

Signature: _____

Underwritten by:

Hollard Group Risk, a division of the Hollard Life Assurance Company (Reg. No 1993/001405/06), a Licensed Life Insurer and Authorised Financial Services Provider (FSP No. 17697)
 TD Administrative Services (Pty) Ltd (Reg. No 2014/090534/07) is an authorised Financial Services Provider (FSP 7379), and is acting as a non mandated intermediary on behalf of Hollard Life Assurance Company Limited (Registration Number 1993/001405/06), the Insurer of this policy, in terms of an agreement between the parties entered into as required in terms of section 49 A of the Long Term Insurance Act No 52 of 1998. TD Administrative Services performs binder and administrative functions. Fees charged for these functions in respect of this policy are 10.05% of gross premium to perform admin functions and 17.86% of gross premium to perform binder functions.