



SMILE LIFE INSURANCE COMPANY LIMITED

Group Funeral Insurance Form of Discharge

NOTIFICATION OF DEATH OF FUNERAL POLICY MEMBER AND AUTHORITY TO PAY CLAIM

1. Name of Employer.....
2. Name of Deceased Member.....
3. Member's Date of Birth..... Date of Death.....
4. Amount of Group Funeral Insurance policy cover
5. We the undersigned:
.....
(Full Names)

In our capacity as Grantees:
of the hereby declare
(Name of Scheme)

- i. that the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the policy.
- ii. that payment of the proceeds due in respect of the deceased member in terms of the aforementioned scheme shall represent the full and final discharge of the Smile Life Insurance Company Limited's liability in respect of that member under the policy.
- iii. that the Grantees shall fully indemnify Smile Life Insurance Company Limited for any further payment by reason of any document or documents the basis upon which such payment is made being rendered unreliable in so far as proof of death is concerned.

Signed at:..... This..... day of..... year.....
(Place) **(Date)** **(Month)**

In the presence of **Witness**

Signed by the abovementioned **Grantees**

Witness: (1)

Address:
.....

Witness: (2)

Address:
.....

Witness: (3)

Address:
.....

(N.B. Please note that as stipulated by the policy Contract, at least two Grantees are required to sign this form)

Apart from this form the following documents are required to initially substantiate a claim:

Death certificate (a provisional Death certificate i.e. Death Report where available will in many cases suffice)
Copy of the Life Assured's last pay slip or other acceptable form of documentation that proves that life assured was eligible for benefits at time of death.

Occasionally further documentation may be required but when this is the case it will be specifically called for by Smile Life Insurance Company Limited.