



Retrenchment Benefit Claim

Please return the completed form to: **Living Benefit Claims**

Postal address PO Box 1, Sanlamhof 7532 Telephone number (021) 916-3455
 E-mail address livingbenefits@sanlam.co.za Fax number (021) 947-5804

Important:

- An accurately completed form is essential in order to avoid delays in the assessment process. A claim can be considered only if all required documents and all the supplementary statements (as indicated below) have been completed in full and are in Sanlam Life's possession.
- This form and all relevant documents can be sent to us by e-mail, fax or per post. If readable copies of documents are provided to us, the original documents are unnecessary.

The following documents must accompany the claim:

- The attached declaration by your previous employer.
- A copy of your identity document.
- A stamped or official copy of the discharge certificate/retrenchment letter of employee.

Particulars of insured life

Plan number(s) _____
 Surname _____
 Full first names _____
 Date of birth ____ / ____ / ____ (dd/mm/ccyy)
 Identity number _____ (Compulsory)
 Postal address _____ Postal code _____
 Residential address _____ Postal code _____
 Contact details: Telephone (home) (____) _____ Fax (home) (____) _____
 Cell phone _____
 E-mail address _____

Reason for retrenchment

- Please describe the reason for retrenchment.

- Date on which you were informed of the retrenchment process for the 1st time. ____ / ____ / ____ (dd/mm/ccyy)
- Date on which you received the 1st written retrenchment notification. ____ / ____ / ____ (dd/mm/ccyy)
- What is the retrenchment date? ____ / ____ / ____ (dd/mm/ccyy)
- What was the last official employment date at the last employer? ____ / ____ / ____ (dd/mm/ccyy)
- Since when were you employed by this company/person? ____ / ____ / ____ (dd/mm/ccyy)
 - If you were employed for less than 2 years at the last employer, please also provide us with proof of employment of your previous employer (prior to the retrenchment).

Particulars of last employer

Name of last employer _____
 Address of last employer _____ Postal code _____
 Name of contact person _____
 Contact numbers: Telephone (home) (____) _____ Fax (____) _____
 Telephone (work) (____) _____
 E-mail address _____
 Since when were you employed by this company/person? _____

Plan number(s) _____

Other information

- If you are younger than 55 years, do you earn an income from any other source(s)? Yes No
 If "Yes", name the source(s): _____
 Amount earned per month: R _____
- Are you self-employed? Yes No
- Were you employed at any other employer since the termination date (part-time or permanent)? Yes No
 If "Yes", since when ____ / ____ / ____ (dd/mm/ccyy) until ____ / ____ / ____ (dd/mm/ccyy)
 Name of employer: _____
 Salary earned R _____

Payments

Please note that the payments must be continued until a claim, if any, has been admitted.

Bank particulars

Provide us with a copy of your bank statement (not older than three months) on a bank letterhead containing the account number and account holder's name.

Please complete **ONE** of the 3 options provided.**1. Details of account holder/plan holder****A. Natural person / legal entity**

Title _____

Full names and surname / Registered name of legal entity _____

Previous / Maiden name _____

National identity number _____

Issuing country of identity number _____

Nationality/Citizenship _____

Gender Male Female Date of birth ____ / ____ / ____ (dd/mm/ccyy)

Country of residence _____

Country of birth _____

Monthly income R _____ Date of last income ____ / ____ / ____ (dd/mm/ccyy)

Residential Address _____

Postal/Zip code _____

Trade name of legal entity _____

Legal entity type:

Listed company Unlisted company Close corporation Trust Deceased estate Partnership Other legal person Retirement Fund Non-growth organisation Non-profit organisation Charitable organisation Foundation State owned enterprises Joint ownership

Registration number _____ Country of registration _____

Registered address _____

Postal/Zip code _____

Controlling party/Beneficial owner _____

Plan number(s) _____

Details of account holder/plan holder (continued)**B. Bank details**

Account holder _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Type of account Current Savings Transmission Other (specify) _____

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Signature of account holder _____ Date (dd/mm/ccyy) _____

2. Payment to cessionary**Important**

If any plan, in terms of which a claim is admitted, has been ceded to another institution or person, payment will be made directly to the cessionary in question. The next section must be completed by the cessionary if applicable.

A. Natural person / legal entity

Title _____

Full names and surname / Registered name of legal entity _____

Previous / Maiden name _____

National identity number _____

Issuing country of identity number _____

Nationality/Citizenship _____

Gender Male Female Date of birth ____ / ____ / ____ (dd/mm/ccyy)

Country of residence _____

Country of birth _____

Monthly income R _____ Date of last income ____ / ____ / ____ (dd/mm/ccyy)

Residential Address _____

_____ Postal/Zip code _____

Trade name of legal entity _____

Legal entity type:

Listed company Unlisted company Close corporation Trust Deceased estate Partnership Other legal person Retirement Fund Non-growth organisation Non-profit organisation Charitable organisation Foundation State owned enterprises Joint ownership

Registration number _____ Country of registration _____

Registered address _____

_____ Postal/Zip code _____

Controlling party/Beneficial owner _____

Plan number(s) _____

Payment to cessionary (continued)**B. Bank details**

Account holder _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Type of account Current Savings Transmission Other (specify) _____

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Or

I hereby give permission for the cession to be cancelled.

Name of contact person _____ Contact number: () _____

Signature of cessionary _____ Official stamp of institution _____

Date ____ / ____ / ____ (dd/mm/ccyy)

3. Proxy and/or payment to a third party

If the plan owner would prefer the claim/payment to be handled/received by another person/institution, please provide us with the details below:

I, _____ (first names and surname of the plan holder),

hereby authorise the person indicated below to handle the claim/receive the payment on my behalf and I indemnify Sanlam Life against any and all claims in respect of, and in connection with, the payment by Sanlam of the amount(s) concerned to this third party. (delete where not applicable)

Initials and surname of the person that could handle the claim on my behalf: _____

Address _____

Postal/Zip code _____

Initials and surname of the person that could receive the payment on my behalf: _____

A. Natural person / legal entity

Title _____

Full names and surname / Registered name of legal entity _____

Previous / Maiden name _____

National identity number _____

Issuing country of identity number _____

Nationality/Citizenship _____

Gender Male Female Date of birth ____ / ____ / ____ (dd/mm/ccyy)

Country of residence _____

Country of birth _____

Monthly income R _____ Date of last income ____ / ____ / ____ (dd/mm/ccyy)

Residential Address _____

Postal/Zip code _____

Trade name of legal entity _____

Plan number(s) _____

Proxy and/or payment to a third party (continued)

Legal entity type:

Listed company Unlisted company Close corporation Trust Deceased estate Partnership Other legal person Retirement Fund Non-growth organisation Non-profit organisation Charitable organisation Foundation State owned enterprises Joint ownership

Registration number _____ Country of registration _____

Registered address _____

Postal/Zip code _____

Controlling party/Beneficial owner _____

Source of funds _____

B. Bank details

Account holder _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Type of account Current Savings Transmission Other (specify) _____

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Signature of plan holder _____ Date (dd/mm/ccyy) _____

Declaration

I declare that the particulars contained in this form are correct. I also irrevocably authorise any person or institution, medical practitioner, medical specialist, hospital, nursing institution or medical authority to provide Sanlam Life with any information that may be required regarding my health.

Further, I irrevocably authorise Sanlam Life to share with other insurers or any other stakeholders for the purposes of assessing, investigating, processing or any other reason including prevention of fraudulent claims that information and any information contained in this plan or any related plan or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such data base.

Signature of insured/claimant _____

Date ____ / ____ / ____ (dd/mm/ccyy)