



# Endowment Death Benefit Claim Form

RETHINK RETIREMENT

## Document checklist

- Certified copy of death certificate
- Copy of identity document or passport of deceased
- Proof of banking details for each beneficiary/guardian
- Copy of each beneficiary's/guardian's identity document
- Proof of guardianship (if applicable)

Please e-mail completed forms to [admin@justsa.co.za](mailto:admin@justsa.co.za)

No instruction will be processed unless all requirements have been met and all relevant documentation received.

## 1. Deceased's details

Policy number	
Deceased's surname	
Deceased's name(s)	
Deceased's ID or passport number	

## 2. Confirmation of beneficiary's details

This is for record purposes. The identity of the nominated beneficiaries cannot be changed.

### Beneficiary 1

Title	
Surname	
First name(s)	
ID or passport number (if a foreign national)	
Postal address	
Tax number	
Relationship to deceased	
Allocation (%)	

## Beneficiary 2

Title	
Surname	
First name(s)	
ID or passport number (if a foreign national)	
Postal address	
Tax number	
Relationship to deceased	
Allocation (%)	

## Beneficiary 3

Title	
Surname	
First name(s)	
ID or passport number (if a foreign national)	
Postal address	
Tax number	
Relationship to deceased	
Allocation (%)	

## Beneficiary 4

Title	
Surname	
First name(s)	
ID or passport number (if a foreign national)	
Postal address	
Tax number	
Relationship to deceased	
Allocation (%)	

### 3. Guardian's details

Please complete if applicable.

Title	
Surname	
First name(s)	
ID or passport number (if a foreign national)	
Postal address	
Contact Number	

### 4. Beneficiary's banking details

Please complete for each beneficiary/guardian.

#### Beneficiary 1

Account holder's name		Bank name	
Branch name		Branch number	
Account number		Account type	

#### Beneficiary 2

Account holder's name		Bank name	
Branch name		Branch number	
Account number		Account type	

#### Beneficiary 3

Account holder's name		Bank name	
Branch name		Branch number	
Account number		Account type	

#### Beneficiary 4

Account holder's name		Bank name	
Branch name		Branch number	
Account number		Account type	

## 5. Declaration by beneficiary(ies)

I/We acknowledge, understand and accept that Just may use the information I/we have provided in this form for any of the following purposes:

- to effectively administer the death benefit
- to detect and prevent fraud
- to comply with auditing and record-keeping requirements
- to comply with legal and regulatory requirements
- to verify my/our identity
- to share information with service providers with whom Just Retirement has a business agreement to process such information on Just Retirement's behalf or to those who provide services to Just.

I/we acknowledge and understand that I/we may access the personal information Just has on record and that I/we may request that Just corrects any errors or deletes my/our information.

Signed at:	
Date:	
Signature of guardian (if applicable)	

Signature of Beneficiary 1	
Name	

Signature of Beneficiary 2	
Name	

Signature of Beneficiary 3	
Name	

Signature of Beneficiary 4	
Name	