



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 with name and bank stamp for the nominated spouse/each beneficiary/guardian
- Copy of identity document for the nominated spouse/each beneficiary/guardian
- Proof of guardianship (if applicable)

Please e-mail completed forms to 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. Nominated spouse's details (for joint life policies only)

Title			
Surname			
First name(s)			
ID or passport number (if a foreign national)			
Postal address			
Phone number		Email	
Tax number			

3. Nominated beneficiary 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			
Phone number		Email	
Relationship to deceased			
Tax number			

Beneficiary 2

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

Beneficiary 3

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

Beneficiary 4

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

4. Guardian's details

Please complete if applicable.

Title			
Surname			
First name(s)			
ID or passport number (if a foreign national)			
Postal address			
Phone number		Email	
Guardian to (name of beneficiary)			

5. Banking details

Please complete for the nominated spouse/each beneficiary/guardian.

Nominated spouse

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

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	

6. Declaration by nominated spouse/beneficiary(ies)/guardian(s)

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.

Nominated spouse (for joint life policies only)

Signature of nominated spouse	
Name	
Date	

Guardian (if applicable)

Signature of guardian	
Name	
Date	

Beneficiary 1

Signature of Beneficiary 1	
Name	
Date	

Beneficiary 2

Signature of Beneficiary 2	
Name	
Date	

Beneficiary 3

Signature of Beneficiary 3	
Name	
Date	

Beneficiary 4

Signature of Beneficiary 4	
Name	
Date	