



DEATH CLAIM FORM

PART A: POLICY DETAILS

Name of Participant:	
Period of Cover:	
Certificate No:	
Member's Name:	
Sum Covered:	
Date of Death:	

PART B: DECLARATION

We the undersigned as above named Participants/Trustees of the scheme hereby authorize and request from you the sum of:

Amount in Figures: ₦.....

Amount in words:

Being the total and final death benefit in respect of the above-named deceased Member of the scheme.

Please provide the details of the named beneficiary(ies) in favor of whom the cheque should be issued:

Deceased Name	Name of Beneficiary	Relationship	Percentage (%)

Kindly return the completed form with a copy of valid means of identification of the named Beneficiary(ies) (International Passport/voters ID/ National ID/Drivers' License) and recent utility bill.

| | | | |
Authorized signature with Official stamp | Authorized Name of signature | Designation | Date |

WITNESS

Name:
Address:
Signature: **Date:**

For OFFICIAL use only

Claim Number:
 Reviewed by: Date:

Authorized and Regulated by:



Member of:

