

**Bryte Life Company Limited**

A Fairfax Company

Registration number: 2002/002944/06

Licensed insurer and authorised FSP (17705)

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Life Company Limited.

To expedite your claim, kindly forward all claim documentation listed below:

1. Certified copy of Death Certificate
2. Certified copy of Principal Member's Identification Document
3. Certified copy of deceased's Identification Document in the event of the Principal Member or Spouse's death
4. Copy of Principal Member's most recent payslip (for the month in which the death occurred or prior to death in respect of Principal Member's death)
5. Supporting proof of relationship if Principal Member and Spouse are not legally married
6. BI-1663 (Certified copy of the form completed by the doctor at the time of death)
7. A copy of the Police Report if the death was due to unnatural causes
8. A copy of the invoice or quote from the Funeral Parlour carrying out the funeral
9. Confirmation of bank account details

Additional documentation may be requested if necessary to accurately assess the claim

## A. DETAILS OF THE SCHEME

Name of the scheme

## B. DETAILS OF THE PRINCIPAL MEMBER

Surname

Title and initials

Full names

Passport/ID number

Date of birth

Postal address

Postal Code

Contact number

## C. DETAILS OF THE DECEASED

Surname

Title and initials

Full names

ID/Passport number

Date of birth

Date of death

Cause of death

Relationship to Principal Member

## D. DETAILS OF MEMBERS

Relationship

Name and surname

ID number

Date of birth

Spouse

Children

1.

2.

3.

4.

5.

6.

E. SETTLEMENT OF BENEFIT			
Payable to		Relationship	
Name of account holder			
Name of bank			
Account number			
Branch		Branch code	
ID document of beneficiary produced and verified?			<input type="checkbox"/> Yes <input type="checkbox"/> No
F. DETAILS OF EMPLOYER			
Name of employer			
Contact person of employer			
Telephone number			
G. DECLARATION BY EMPLOYER			
Signature of Authorised person		Date	
Designation of Authorised person			
<div style="border: 1px solid black; width: 45%; margin: 0 auto; padding: 10px;"> <p>Company Stamp</p> </div>			
H. SUPPORTING DOCUMENTATION TO BE SUBMITTED			
<ul style="list-style-type: none"> <li>• Child over 21 not yet 26 and a full time student – confirmation, satisfactory to Bryte Life Company Limited, from a recognised educational institution to confirm full-time study at the time the death occurred</li> <li>• Child over 21 and mentally retarded or totally and permanently disabled, any one of the following documents must be submitted: <ul style="list-style-type: none"> <li>o confirmation, satisfactory to Bryte of Disability Grant.</li> <li>o Medical Aid application of Principal Member</li> <li>o Medical Report</li> </ul> </li> <li>• An illegitimate/adopted child, proof attached</li> <li>• Surname of deceased (spouse or child) is different to that of the Principal Member, provide explanation of difference in surname and provide supporting documents: <p>In respect of the surname difference of a spouse, any one of the following:</p> <ul style="list-style-type: none"> <li>o Copy of Marriage Certificate</li> <li>o Confirmation of Customary Union issued by a Magistrate</li> <li>o Lobola letter</li> <li>o Letter from Tribal Chief</li> </ul> <p>In respect of the difference of surname of a child – any one of the following:</p> <ul style="list-style-type: none"> <li>o Registration / Birth Certificate reflecting parent details</li> <li>o Baptismal Certificate reflecting parent details</li> <li>o Adoption papers</li> <li>o Copy of IRP 2 / Medical Aid Membership</li> <li>o Marriage &amp; Birth Registration in respect of Stepchildren</li> </ul> </li> </ul>			
CONTACT US			
Client Contact Centre	+27 (0) 11 370 9000		
Postal address	PO Box 61489, Marshalltown 2107		
Physical address	15 Marshall Street, Ferreirasdorp, Johannesburg, 2001, South Africa		
E-mail address	life.claims@brytesa.com		
THIS POLICY IS UNDERWRITTEN AND ADMINISTERED BY BRYTE LIFE COMPANY LIMITED, AUTHORISED FINANCIAL SERVICES PROVIDER, FSP NUMBER 17705			