Sanlam

Discharge of claim form

A. Details of the scheme

Name of scheme: _____ Commencement date: _____

Certificate number: _____ Employer: _____

B. Details of the claimant / beneficiary

Title and initials: _____ Surname: _____

Full Name(s): _____ Date of Birth: _____

ID Number: _____ Contact Number: _____

Postal Address: _____

_____ Postal Code: _____

C. Declaration by claimant / beneficiary

(To be completed in the event that the employer advanced the benefit amount to the claimant / beneficiary)

I, the abovementioned claimant / beneficiary, declare herewith that the Employer named above has advanced to me / us the full claim amount under the policy. I therefore authorise the said Employer to claim from, and Sanlam Developing Markets to pay the full benefit to the Employer.

I understand and acknowledge that by signing this discharge form that the total and absolute liability of Sanlam will be limited to payment of the insured amount claimed under the policy to the Employer and that such payment will relieve Sanlam of any further liability hereunder.

I acknowledge and accept that in the event of such payment I and further beneficiaries will have no further claim against the Employer or Sanlam for this particular claim.

_____ Y Y Y Y / M M / D D

Signature of Claimant — Date

_____ _____ Y Y Y Y / M M / D D

Signature of Employer Representative — Designation of Employer Representative — Date

D. Declaration by claimant / beneficiary – third party payments

(To be completed if the benefit is payable to a third party)

I, the abovementioned claimant / beneficiary, acknowledge and accept that by signing this discharge form that the total and absolute liability of Sanlam will be limited to payment of the insured amount claimed under the policy and that such payment will relieve Sanlam of any further liability hereunder.

I, _____ (Name & Surname) give authority to Sanlam

to pay the benefits to _____ (Recipient's name) an amount of

R _____ (Rand & cents)

_____ _____ Y Y Y Y / M M / D D

Signature of Claimant / Beneficiary — Signature of Witness — Date

E. Contact us

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Email:	groupschemeclaims@sanlamsky.co.za
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Physical address:	Sanlam Business Park, 13 West Street, Houghton, 2198