



APPLICATION FOR PAYMENT OF IMMEDIATE NEEDS BENEFIT (DEATH CLAIMS)

The Professional Provident Society Holdings Trust No IT 312/2011(PPS Holdings Trust) is a Registered South African Trust
Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance")

PPS Insurance is an Authorised Financial Services Provider – Licence No. 1044

REQUIREMENTS

In order for PPS Insurance to process the application for the Immediate Needs Benefit, we require the following:

1. An original death certificate or a certified copy of the death certificate, signed by a commissioner of oaths or justice of the peace.
2. Note that the Immediate Needs Benefit can only be paid out to the nominated beneficiary/ies in terms of a PPS Provider Life Cover Product between PPS Insurance and the Life Insured. If more than one person is nominated as a beneficiary, the Immediate Needs Benefit will be paid to those beneficiaries in such proportions as per their entitlement to the Life Cover.
3. Immediate Needs are not payable if the policy premiums are in arrears and/or if there is a Cession registered on the policy.

Please make sure that all requirements, listed in this form, are met.

SECTION A: DETAILS OF THE DECEASED AND POLICY DETAILS

Member number: _____

Product number(s): _____

Title: _____ Initials: _____ First Name: _____

Surname: _____

Date of Birth ____/____/____

RSA ID: Y N Identity number: _____

Date of death: ____/____/____

SECTION B: PERSONAL INFORMATION AND BANKING DETAILS OF THE CLAIMANT/S

PERSONAL INFORMATION OF THE CLAIMANT/S (1)

Title: _____ Initials: _____ First Name: _____

Surname: _____

Please state in what capacity you lodge the claim
(e.g. beneficiary, spouse, child, family member): _____

RSA ID: Y N Identity number: _____

Correspondence language: English Afrikaans

Postal address: _____

Postal code: _____

Physical address: _____

Postal code: _____

SECTION B: PERSONAL INFORMATION AND BANKING DETAILS OF THE CLAIMANT/S

PERSONAL INFORMATION OF THE CLAIMANT/S (1) continue

Telephone (work): _____ Fax (work): _____

Telephone (home) _____ Fax (home): _____

Cell number: _____ E-mail: _____

How would you like us to reply to this request? Mail Telephone Email Fax

BANKING DETAILS OF THE CLAIMANT (1)

Pay the Immediate Needs Benefit claim value into the following bank account:

Account in the name of: _____

Name of Bank: _____

Account Number: _____

Branch: _____

Branch Code: _____

Type of Account (current / savings): _____

Signature of account holder: _____

Please provide us with proof of bank account details, i.e. copy of cheque/letter from bank, together with a certified copy of the ID document of the beneficiary/ies applying for this benefit.

PERSONAL INFORMATION OF THE CLAIMANT/S (2)

Title: _____ Initials: _____ First Name: _____

Surname: _____

Please state in what capacity you lodge the claim
(e.g. beneficiary, spouse, child, family member): _____

RSA ID: Y N Identity number: _____

Correspondence language: English Afrikaans

Postal address: _____

_____ Postal code: _____

Physical address: _____

_____ Postal code: _____

Telephone (work): _____ Fax (work): _____

Telephone (home) _____ Fax (home): _____

Cell number: _____ E-mail: _____

How would you like us to reply to this request? Mail Telephone Email Fax

BANKING DETAILS OF THE CLAIMANT (2)

Pay the Immediate Needs Benefit claim value into the following bank account:

Account in the name of: _____

Name of Bank: _____

Account Number: _____

Branch: _____

Branch Code: _____

Type of Account (current / savings): _____

Signature of account holder: _____

Please provide us with proof of bank account details, i.e. copy of cheque/letter from bank, together with a certified copy of the ID document of the beneficiary/ies applying for this benefit.

SECTION B: PERSONAL INFORMATION AND BANKING DETAILS OF THE CLAIMANT/S

PERSONAL INFORMATION OF THE CLAIMANT/S (3)

Title: _____ Initials: _____ First Name: _____

Surname: _____

Please state in what capacity you lodge the claim
(e.g. beneficiary, spouse, child, family member): _____

RSA ID: Y N Identity number: _____

Correspondence language: English Afrikaans

Postal address: _____

_____ Postal code: _____

Physical address: _____

_____ Postal code: _____

Telephone (work): _____ Fax (work): _____

Telephone (home): _____ Fax (home): _____

Cell number: _____ E-mail: _____

How would you like us to reply to this request? Mail Telephone Email Fax

BANKING DETAILS OF THE CLAIMANT (3)

Pay the Immediate Needs Benefit claim value into the following bank account:

Account in the name of: _____

Name of Bank: _____

Account Number: _____

Branch: _____

Branch Code: _____

Type of Account (current / savings): _____

Signature of account holder: _____

Please provide us with proof of bank account details, i.e. copy of cheque/letter from bank, together with a certified copy of the ID document of the beneficiary/ies applying for this benefit.

INDEMNITY:

- **Please take note that PPS Insurance will not be held liable for any incorrect payments, if the information provided on this form is not correct in all respects;**
- **The Life Cover will be reduced by the amount paid in terms of the Immediate Needs Benefit;**
- **The payment of the Immediate Needs Benefit is no indication of the validity of the claim for Life Cover or the entitlement of the person(s) to whom the Immediate Needs Benefit is paid to receive any further amounts with respect to the Life Cover;**
- **If, for whatever reason, the claim of the Life Cover is later found not to be valid, PPS Insurance will be entitled to reclaim the amount paid in respect of the Immediate Needs Benefit.**

SECTION C: DECLARATION BY THE CLAIMANT/S

DECLARATION BY THE CLAIMANT (1)

I certify that the above information is correct.

Signed at: _____ Date: ____/____/____

Full Name (Print): _____

Signature of claimant: _____

Signature of legal guardian / parent (Where the claimant / beneficiary is a minor): _____

DECLARATION BY THE CLAIMANT (2)

I certify that the above information is correct.

Signed at: _____ Date: ____/____/____

Full Name (Print): _____

Signature of claimant: _____

Signature of legal guardian / parent (Where the claimant / beneficiary is a minor): _____

DECLARATION BY THE CLAIMANT (3)

I certify that the above information is correct.

Signed at: _____ Date: ____/____/____

Full Name (Print): _____

Signature of claimant: _____

Signature of legal guardian / parent (Where the claimant / beneficiary is a minor): _____