

The Professional Life Provider TM Product/ Life Assurance
APPLICATION FOR PAYMENT OF IMMEDIATE NEEDS BENEFITS

*The Professional Provident Society Holdings Trust No IT 312/2011 (PPS) is a Registered South African Trust
The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 (PPS Insurance)
is an Authorised Financial Services Provider – License No. 1044*



REQUIRED SUPPORTING DOCUMENTS

Please return the completed form and documents listed below to ppsdeathclaims@pps.co.za or fax 011 644 4520.

Please submit this completed form with the following supporting documents:

- Certified copy of the **death certificate**.
- Certified copy of **proof of bank account** for the nominated beneficiary(s) of the immediate needs benefit; i.e. bank statement or stamped letter from the bank on a bank letterhead.
- Certified copy of the beneficiary (s) **ID document**.
- Where immediate needs benefit is due to a minor, PPS requires a certified copy of the minor's parent or legal guardian's ID document and proof of bank account.

PARTICULARS OF LIFE INSURED

PPS Member number:

Full name and surname:

Date of birth: / / Date of death: / /

Cause of death: Natural: ☐ Unnatural: ☐

Provide a brief description of the exact cause of death:

Details of doctor who certified the death:

Name: Telephone number:

DETAILS OF CLAIMANT

Please state the nature of your relationship to the deceased by ticking the appropriate box below:

Spouse or family member ☐ Financial advisor ☐ Other (Attorneys, Executor) ☐

If other, please specify:

Full names and Surname:

Identity number:

Contact number:

E-mail address:

BANKING DETAILS:

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account: Current ☐ Savings ☐ Cheque ☐ Transmissior ☐

Indemnity - Please take note that PPS will not be held liable for incorrect payments, if the information received is incorrect.

DECLARATION

I declare that:

- I have read and understood the information in this document
- The details provided above is correct.

Full name and Surname: _____

Signature: _____ Identity number:

Date: / /

IMPORTANT

- The payment of sickness benefits is subject to certain claim procedures and all claims are assessed in terms of the PPS Provider Policy Document.
- 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 any 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.