

# AVBOB

MUTUAL ASSURANCE SOCIETY  
368 MADIBA STREET PRETORIA 0002  
PO BOX 1661 PRETORIA 0001

## CLAIMANT'S DECLARATION AND DISCHARGE FORM



### PROVINCE:

EASTERN AND WESTERN CAPE - 086 673 6756, myclaim3@avbob.co.za

GAUTENG SOUTH - 086 262 5323, myclaim@avbob.co.za

KWAZULU-NATAL AND FREE STATE - 086 675 5245, myclaim1@avbob.co.za

GAUTENG NORTH (including Mpumalanga and Limpopo) 086 682 8778, myclaim2@avbob.co.za

### IMPORTANT NOTICE

AVBOB is a mutual on a mission to share real value with their members

**FREE** funeral benefits\* worth up to **R21 500**, provided **AVBOB** Funeral Service conducts the funeral

- A **FREE** basic funeral\*
- Cash upfront
- A discount on a tombstone\*\* or cremation\*
- **FREE** transport of the deceased in South Africa

\*Ts & Cs apply - enquire with the branch for details.

Is **AVBOB** conducting the funeral?: Yes ☐ No ☐

SIGNATURE OF CLAIMANT

DATE

TO BE COMPLETED BY THE CLAIMANT

Type of claim: (AVBOB Funeral Service) Fund ☐

Cash ☐

### GENERAL INFORMATION

1. Please use black ink and write clearly.
2. All questions must be completed in full. Ensure that this form and all required documents, as indicated in the "Documents to be attached to the claim" below, are completed in full and attached to the claim.
3. One claimant's declaration and discharge form must be completed for each beneficiary with clear indication of the type of claim i.e CASH OR FUND CLAIM.
4. Fax/e-mail the completed documents to the Claims Department using the relevant fax number or e-mail address above.
5. Branches must use ECSS to submit claim documents to prevent delays in the processing of claims.

### DOCUMENTS TO BE ATTACHED TO THE CLAIM (Tick what is attached)

The quick finalisation of a claim is based on receiving the required information and documents completed fully and correctly submitted at your nearest **AVBOB** funeral agency as soon as possible.

#### 1. Death due to Natural Causes:

##### 1.1 In the case of the death of the Applicant/Insured, Spouse, Parents and Extended Family:

- ☐ Copy of the Computerised Death Certificate that is stamped by an **AVBOB** official or certified
- ☐ Copy of the first page of the old Notification/Registration Death/Stillbirth (BI1663) OR page 1, 2 and 3 of the new form OR
- ☐ If the deceased died at home, copy of both pages of the BI1680 form
- ☐ Claimant's Declaration and Discharge Form
- ☐ Copy of the ID, OR the front and back of the ID smart card of the Deceased that is either stamped by the branch or certified
- ☐ Copy of the ID, OR the front and back of the ID smart card of the Claimant that is either stamped by the branch or certified
- ☐ Copy of the ID, OR the front and back of the ID smart card of the Beneficiary (if different from the Claimant) either stamped by the branch or certified
- ☐ Copy of the minor beneficiary's birth certificate either stamped by the branch or certified
- ☐ Copy ID of guardian/parent if beneficiary is a minor either stamped by the branch or certified
- ☐ Confirmation letter and tax invoice from the Funeral Parlour conducting the funeral service (if not **AVBOB**) on their letterhead or stamped
- ☐ Copy of valid bank statement of the Claimant/Beneficiary

##### 1.2 In the case of the death of a child:

- ☐ Documentation as listed under 1.1 as per (natural causes) above AS WELL AS:
  - ☐ If the child is over the age of 21 but younger than 26: Confirmation from the registered public educational institution that he/she was a full-time registered student at the time of death and wholly dependent upon the insured for his/her maintenance.
  - ☐ If not covered from the inception date of the policy, proof of parenthood where the names of both parents are reflected, i.e. extract from population register/medical aid membership card/abridged birth certificate.
  - ☐ If still born need - midwife letter/gynaecologist confirmation of pregnancy

#### 2. Death due to Unnatural Causes:

- ☐ Documentation as listed under 1 (as per natural causes) above (if applicable) AS WELL AS:
- ☐ Declaration by SAPS

#### 3. Claim in respect of the Accident Benefit:

- ☐ Documentation as listed under 1 above (if applicable) AS WELL AS:
  - ☐ SAPS report
  - ☐ Post-Mortem report
  - ☐ Toxicology report
  - ☐ Copy of court judgments/findings
- ☐ If the deceased was the driver in a motor vehicle accident, ADDITIONALLY the following documents are required:
  - ☐ Result of blood alcohol test
  - ☐ Accident report (also known as an A1 Statement)
  - ☐ Copy of both sides of the driver's license

**N.B.:** Finalisation of accident benefit related claims can be delayed due to the time it takes to obtain the above-mentioned documents.

#### 4. Claim in respect of the waiver of premium, disability benefits, or life cover:

- ☐ Copy of the ID of the claimant
- ☐ Medical Report from primary doctor/specialist
- ☐ Proof of termination of service
- ☐ Hospital file
- ☐ Extracts from sick leave register
- ☐ Sick leave register
- ☐ Occupational therapist report

## SECTION 1: POLICY DETAILS

|       |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.1   | Policy Number (s):               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |
|       |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2   | Policyholder:                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.1 | Surname:                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.2 | Full names:                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.3 | ID Number (please submit proof): |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

## SECTION 2: DETAILS OF DECEASED

|     |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2.1 | Surname:                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2 | Full names:                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3 | Date of birth:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4 | ID Number (please submit proof) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.5 | Physical address:               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### SECTION 3: DETAILS OF EMPLOYMENT OF THE DECEASED PRIOR TO DEATH

|     |                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|----------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 3.1 | Name of Employer:                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.2 | Postal address:                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.3 | Tel No:                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4 | Occupation/Job title at time of death: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## SECTION 4: DETAILS OF THE DEATH OF THE INSURED

|                                                                                                                                             |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4.1                                                                                                                                         | Date of death:                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.2                                                                                                                                         | Time of death:                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.3                                                                                                                                         | Hospital/place of death:                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.4                                                                                                                                         | Hospital address:                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.5                                                                                                                                         | Hospital telephone number:              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.6                                                                                                                                         | Hospital admission/patient number:      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.7                                                                                                                                         | Cause of death:                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.7.1 Principal cause:                                                                                                                      |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.7.2 When did the illness commence?                                                                                                        |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.7.3 Duration of last illness:                                                                                                             |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.8                                                                                                                                         | BI 1663 - Notification of Death number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.9 Funeral date:                                                                                                                           |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.10 Place of burial or cremation:                                                                                                          |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.11 Funeral undertaker (please attach letter of confirmation and tax invoice of undertaker on a stamped letterhead):                       |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.12 Name, address and telephone number of doctor who certified death:                                                                      |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.13 Names and addresses of all doctors who attended or issued prescriptions to the deceased during the five years preceding his/her death. |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.14 <b>Unnatural Death</b>                                                                                                                 |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.14.1 Police station where death was reported:                                                                                             |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.14.2 Police case number:                                                                                                                  |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.14.3 Name of investigating officer:                                                                                                       |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.14.4 Tel no of investigating officer:                                                                                                     |                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## SECTION 5: DETAILS OF CLAIMANT

|                                                                                                                                                                                                        |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------|--|--|--|----------------------------------------|----------------------------------|--|--|-------|--------------------------------|---------------------------------------|--|--|--|----------------------------------|--|--|--|--|--|
| 5.1 Surname:                                                                                                                                                                                           |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.2 Full names:                                                                                                                                                                                        |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.3 ID Number (please submit proof);                                                                                                                                                                   |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.4 Relationship between deceased and claimant (Mark the applicable block with an "X")                                                                                                                 | Deceased was my                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
|                                                                                                                                                                                                        | <input type="checkbox"/> Parent                            |                                 |  |  |  | <input type="checkbox"/> Parent-in-law |                                  |  |  |       | <input type="checkbox"/> Child |                                       |  |  |  | <input type="checkbox"/> Brother |  |  |  |  |  |
|                                                                                                                                                                                                        | <input type="checkbox"/> Sister                            |                                 |  |  |  | <input type="checkbox"/> Aunt/Uncle    |                                  |  |  |       | <input type="checkbox"/> Wife  |                                       |  |  |  | <input type="checkbox"/> Husband |  |  |  |  |  |
|                                                                                                                                                                                                        | <input type="checkbox"/> Other (state relationship): _____ |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.5 Address:                                                                                                                                                                                           |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.5.1 Physical address:                                                                                                                                                                                |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.5.2 Postal address (Compulsory):                                                                                                                                                                     |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.5.3 Where should all correspondence relating to this claim go? <input type="checkbox"/> Physical address <input type="checkbox"/> Postal address                                                     |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.5.4 Email address:                                                                                                                                                                                   |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.6 Contact numbers:                                                                                                                                                                                   |                                                            | Home:                           |  |  |  |                                        |                                  |  |  | Work: |                                |                                       |  |  |  |                                  |  |  |  |  |  |
|                                                                                                                                                                                                        |                                                            | Cell:                           |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.7 Occupation of claimant:                                                                                                                                                                            |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.8 Name of employer:                                                                                                                                                                                  |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.9 Address of employer:                                                                                                                                                                               |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| 5.10 <b>Bank details of Beneficiary: (COMPULSORY - include certified copy of ID and copy of bank statement. Name of account holder and account number must be clear. Not older than three months).</b> |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| Name of Bank:                                                                                                                                                                                          |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| Name of Branch:                                                                                                                                                                                        |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| Branch number:                                                                                                                                                                                         |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| Account number:                                                                                                                                                                                        |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| Account holder:                                                                                                                                                                                        |                                                            |                                 |  |  |  |                                        |                                  |  |  |       |                                |                                       |  |  |  |                                  |  |  |  |  |  |
| Type of account:                                                                                                                                                                                       |                                                            | <input type="checkbox"/> Cheque |  |  |  |                                        | <input type="checkbox"/> Savings |  |  |       |                                | <input type="checkbox"/> Transmission |  |  |  |                                  |  |  |  |  |  |

## SECTION 6: OTHER INFORMATION

|                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Complete if the deceased was a child                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.1 Name of school:                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.2 Address of school:                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.3 Telephone number of school:                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.4 Name of Principal:                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.5 If child was still born, what was the period of gestation? _____ weeks (attach confirmation from doctor/midwife)                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>N.B.: If child was not mentioned on the application form or born after the inception date of the policy proof of parenthood must be provided, e.g. extract from birth register</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## SECTION 7: DECLARATION BY CLAIMANT

Why are you not using **AVBOB** to conduct the funeral?

Please select the appropriate box / boxes.

- ☐ Not aware of **AVBOB FREE** funeral benefits\*.
- ☐ I do not understand the **FREE** funeral benefits\*.
- ☐ I am not confident in quality of service that I will receive from this particular **AVBOB** branch.
- ☐ My friends, family and/or I previously had a bad experience with **AVBOB**.
- ☐ The funeral has already been conducted.
- ☐ It is not my decision.
- ☐ This branch of **AVBOB** is not conveniently located.
- ☐ My family and I have a long standing tradition with a local funeral undertaker.
- ☐ My family and I belong to burial society.
- What are you paying for the funeral at the other undertaker?  
☐ R0 - R5000    ☐ R5001 - R10 000    ☐ R10 0001 - R15 000    ☐ R15 000 +

**CLAIMANTS' SIGNATURE** \_\_\_\_\_

I, the undersigned, \_\_\_\_\_, ID No 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 in my capacity as

☐ Policyholder    ☐ Beneficiary    ☐ Executor    ☐ Premium Payer    ☐ Other (please specify)

\_\_\_\_\_ hereby notify **AVBOB** Mutual Assurance Society (hereinafter referred to as **AVBOB**) of the death

of the life insured mentioned under section 4 above and declare that he/she is the same person whose life was insured by **AVBOB** under the policy/ies mentioned under section 1 above. I also declare that, to the best of my knowledge and belief, the above-mentioned particulars and statements are true, correct and complete and that I have not withheld any material information applicable to this claim.

I further declare the following:

I am legally entitled to the proceeds of the above - mentioned policy, unless the funeral/cremation is directed by **AVBOB** Funeral Service in which case the proceeds thereof shall in the first instance be applied towards the discharge of the costs of the funeral/cremation and /or erection of a tombstone in respect of the deceased, in which case I shall only be entitled to the balance.

I indemnify **AVBOB** against any claim (including interest and all costs) by any other person who may also been titled to the proceeds of the policy.

- I allow **AVBOB** to do the necessary checks and validation with other financial organisations or ITC if necessary.

- The information completed is true and correct and I have not withheld any other information that may influence the finalisation of my claim.

Declared at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

before me \_\_\_\_\_ (Commissioner of Oaths or Officials of **AVBOB**).

SIGNATURE OF CLAIMANT

COMMISSIONER OF OATHS/AVBOB OFFICIAL

CAPACITY

I have read and understand the important notice on page 1.

SIGNATURE OF PARENT/GUARDIAN (IF THE BENEFICIARY IS A MINOR)

SECTION 8: PARTICULARS OF CLAIM NUMBER AND FUNERAL COSTS (To be completed by the Branch if the funeral/cremation/erection of a tombstone is being conducted by AVBOB - please attach proof)

|                     |                                     |                          |                          |                                                            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---------------------|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8.1                 | How was the claim submitted?        | ECSS                     | <input type="checkbox"/> | If other please specify:( _____ ) <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.2                 | Pay Upfront to Client               | NO                       | <input type="checkbox"/> | YES                                                        | <input type="checkbox"/> | Amount                   | R                        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.3                 | Enquiry Number:                     |                          |                          |                                                            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.3.1               | Payment Sequence                    | 1st                      | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2nd                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3rd                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4th                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.4                 | BB Number:                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.5                 | BB Amount                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.6                 | GB Number:                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.7                 | GB Amount:                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.8                 | Name of Agency/Branch:              |                          |                          |                                                            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.9                 | Agency number and Code:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.10                | Name of Representative:             |                          |                          |                                                            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.11                | Official stamp of Branch/Signatory: |                          |                          |                                                            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| For Head Office use |                                     | Fee                      |                          | Yes                                                        | <input type="checkbox"/> | No                       | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

SECTION 9: AVBOB MEMBER BENEFITS\*

|                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| When someone insured on your <b>AVBOB</b> policy passes away, we will pay the full sum insured for the insured person plus any bonuses added to your policy.                                                                                                                                                                                                                | Wanneer iemand sterf wat deur jou <b>AVBOB</b> -polis gedek word, sal ons die volle bedrag waarvoor dié persoon verseker is, sowel as enige bonusse wat aan jou polis gekoppel is, uitbetaal.                                                                                                                                                                                                      | Xa umntu ofakwe kwipolisi yakho yakwa <b>AVBOB</b> esweleka, sakuhlawula yonke imali eyikhava yalomntu ukwipolisi kunye nazo naziphi na iibhonasi ezongeziweyo kwipolisi yakho.                                                                                                                                            | Uma othile omthathele umshwalense we <b>AVBOB</b> eshona, sizokhokha imali yomshwalense ephelele kanye nanoma yimaphi amabhonasi anezelwe kwipholisi yakho. Ngenxa yokuthi i- <b>AVBOB</b> iyinkampani eyi mutual society, wena njengomnikazi wepholisi uphinde ube yilungu lale Nhlngano. Lokhu kukwenza uthole izinzuzo* zobulungu <b>ZAMAHHALA</b> ezabelwa amalungu ngokubona kweKhodi yabaqondisi. Umphumela walokho wukuthi uma ukhetha ungchwatselwa yi <b>AVBOB</b> funeral Service, ungase ufaneleke ukuthola lezi zinzuzo* zamalungu <b>ZAMAHHALA</b> ezilandelayo ezitholakala ngaphezu kwekwemali ekhokhwe yipholisi: •Umngcwabo ojwayelekile (ohlanganisa ukuhlela nokuqhuba umngcwabo, ibhokisi lomngcwabo elikhethiwe, nemoto ethwala umufi) •Imali ekhokhwa ngaleso sikhathi yezindleko ezingaphambi komngcwabo •Isaphulelo setshe lesikhumbuzo** noma ukushiswa •Ukuthuthwa kukamufi ngaphakathi kwemingcele yase Ningizimu Afrika •Buza okwengeziwe ku websayithi yethu (www. <b>AVBOB</b> .co.za) noma egatsheni le <b>AVBOB</b> eliseduze nawe. *Kunemigomo nemibandela. **Isaphulelo setshe lesikhumbuzo sitholakala ezinyangeni ezingu 18 kusukela osukwini lomngcwabo futhi kunomibandela wokuthi itshe lihlinzekwe yi <b>AVBOB</b> Funeral Service. Okwamanje i-Aquamation itholakala kwi <b>AVBOB</b> yase Cape Town nase Pretoria. Izinzuzo zokungcwaba <b>ZAMAHHALA</b> zitholakala kuphela uma i- <b>AVBOB</b> Funeral Service iqhuba umngcwabo. | Fa mongwe yo o inshorilweng mo pholising ya gago ya <b>AVBOB</b> a tlhokafala, re tla duela madi otlhe a a dueletsweng motho yo o inshorilweng le dibonase dipe fela tse di tsentsweng mo pholising ya gago. E re ka <b>AVBOB</b> e le mokgatlho wa batho ba ba dirisanang, wena jaaka mong wa pholisi, o leloko gape la Mokgatlho. Seno se go bulela tetelesego ya go amogela melemo ya <b>MAHALA</b> ya go nna leloko* e e abiwang go ya ka katlholo e e molemo ya Boto ya Bakaedi. Ka ntlha ya seo, fa o tlhoma <b>AVBOB</b> Funeral Service gore e nne yone e e tsamaisang phitlho, o ka nna wa fitlhelela melemo ya <b>MAHALA</b> ya go nna leloko* mo godimo ga pholisi e e duetsweng: •Phitlho ya mahala ya motheo (go akaretsa go rulaganya le go tsamaisa lepatlo, lekase le le rileng le koloi ya baswi) •Madi a a duelwang ka bonako e le kheshe go thusa ka ditsheenyegelo tsa kwa tshimologong •Phokoletso ya letlapa** kgotsa ya go fisa setopo •Sepalangwa sa moswi mo teng ga melelwane ya Aforika Borwa Bona tshedimosetso e e oketsegileng mo webosaeteng ya rona (www. <b>AVBOB</b> .co.za) kgotsa mo lekaleng la <b>AVBOB</b> le le gaufi le wena. *Go na le melawana le dipeelo. **Phokoletso ya letlapa e teng fela mo dikgweding di le 18 go tloga ka letlha la phitlho mme go ikaegile ka gore <b>AVBOB</b> Funeral Service ke yone e e abang letlapa. Go fitlha moswi mo metsing (Aquamation) ga jaana go teng fela kwa <b>AVBOB</b> e e kwa Cape Town le Pretoria. Melemo ya <b>MAHALA</b> ya phitlho e dira fela fa e le gore <b>AVBOB</b> Funeral Service ke yone e e tsamaisang phitlho. |
| Because <b>AVBOB</b> is a mutual society, you as a policyholder are also a member of the Society. This gives you access to <b>FREE</b> member benefits* allocated at the discretion of the Board of Directors.                                                                                                                                                              | Omdat <b>AVBOB</b> 'n onderlinge genootskap is, is jy as polishouer ook 'n lid van die Genootskap. Dit bied jou toegang tot <b>GRATIS</b> ledevoordele* wat toegeken word volgens die diskresie van die Direksie.                                                                                                                                                                                  | Kuba u <b>AVBOB</b> eyi mutual society, wena njengomnini polisi nawe ulilungu lale Society. Oku kukunika ilungelo lokufikelela kwinzuzo zamalungu <b>ZASIMAHLA</b> * ezikhutshwa ngokwezigqibo Zebhodi Yabalawuli.                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| As a result, if you appoint <b>AVBOB</b> Funeral Service to conduct the funeral, you may qualify for the following <b>FREE</b> member benefits* in addition to the policy pay-out:                                                                                                                                                                                          | Gevolglik, indien jy <b>AVBOB</b> Begrafnisdiens aanstel om die begrafnis te behartig, kwalifiseer jy moontlik vir die volgende <b>GRATIS</b> ledevoordele, bo en behalwe die polisuitbetaling:                                                                                                                                                                                                    | Iziphumo kukuba xa kutyunjwe i <b>AVBOB</b> Funeral Service ukuba iqhuba umngcwabo, ungavumeleka ukuba ukuxhamle kwezi nzuzo zamalungu <b>ZASIMAHLA</b> * zilandelayo ukongeza kwintlawulo epheleleyo yepolisi:                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| •A basic funeral (including arranging and conducting the funeral, a specified coffin and hearse)                                                                                                                                                                                                                                                                            | •'n Basiese begrafnis (insluitende die reël en uitvoer van die begrafnis, 'n gespesifiseerde kis en lykswa)                                                                                                                                                                                                                                                                                        | •Umngcwabo osisiseko (oquka amalungiselelo nokuqhuba umngcwabo, ibhokisi eqingqiweyo nenqwelo yabangcwabi)                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| •An immediate cash payment for initial expenses                                                                                                                                                                                                                                                                                                                             | •'n Onmiddellike kontantbetaling vir aanvanklike uitgawes                                                                                                                                                                                                                                                                                                                                          | •Intlawulo yakwangoko eyimali ezinkozo yendleko zokuqala                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| •Discount on a tombstone** or cremation                                                                                                                                                                                                                                                                                                                                     | •Afslag op 'n grafsteen** of verassing                                                                                                                                                                                                                                                                                                                                                             | •Isaphulelo kwilitye lesikhumbuzo** okanye ukutshiswa komzimba                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| •Transport of the deceased within the borders of South Africa                                                                                                                                                                                                                                                                                                               | •Vervoer van die oorledene binne die grense van Suid-Afrika                                                                                                                                                                                                                                                                                                                                        | •Ukuthuthwa komzimba wongasekhoyo naphi na kwelo Mzantsi Afrika                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Enquire on our website (www. <b>AVBOB</b> .co.za) or at your nearest <b>AVBOB</b> branch.                                                                                                                                                                                                                                                                                   | Doen navraag op ons webtuiste (www. <b>AVBOB</b> .co.za) of by jou naaste <b>AVBOB</b> -tak.                                                                                                                                                                                                                                                                                                       | Fumana inkcukacha kwi website yethu ethi (www. <b>AVBOB</b> .co.za) okanye kwisebe elikufuphi kuwe lakwa <b>AVBOB</b> .                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| *Terms and conditions apply. **The discount on the tombstone is valid for 18 months from the date of the funeral and on condition that <b>AVBOB</b> Funeral Service provides the tombstone. Aquamation is currently only available at <b>AVBOB</b> in Cape Town and Pretoria. <b>FREE</b> funeral benefits only apply if <b>AVBOB</b> Funeral Service conducts the funeral. | Bepalings en voorwaades geld. **Die afslag op die grafsteen is geldig vir 18 maande vanaf die datum van die begrafnis en op voorwaarde dat <b>AVBOB</b> Begrafnisdiens die grafsteen verskaf. Waterverassing is tans slegs beskikbaar by <b>AVBOB</b> in Kaapstad en Pretoria. <b>GRATIS</b> begrafnisvoordele is slegs van toepassing indien <b>AVBOB</b> Begrafnisdiens die begrafnis onderneem. | *Kukho imimiselo nemiqathango. **Isaphulelo kwilitye lesikhumbuzo sifumaneka kwinyanga ezili 18 ukususela kusuku lomngcwabo, kuxhomekeke ukuba elo litye lesikhumbuzo livela kwi <b>AVBOB</b> Funeral Service. Ukunyibilikiswa komzimba ngamanzi kufumaneka kuphela ku <b>AVBOB</b> ose Cape Town nase Pretoria okwangoku. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Inzuzo zomngcwabo <b>ZASIMAHLA</b> zifumaneka kuphela xa ngaba yi <b>AVBOB</b> Funeral Service eqhuba umngcwabo.                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

SIGNATURE OF CLAIMANT

DATE