



Beneficiary Claim Form

Member Information

First Name _____
Last Name _____
Company _____
Date Deceased _____

Claimant Information

First Name _____
Last Name _____
Relationship to Member _____
Cell Phone _____ Work Phone _____
Email _____
ID/DP/PP No. _____

DOCUMENTS SUBMITTED:

Death Certificate
 Marriage Certificate
 Other _____

Date of Claim _____
Signature _____

Official Use ONLY

Claim Accepted? YES NO
Reason _____
Date of Payment _____
Amount Paid _____
Payment Method
 Cash Bank: _____
 Cheque No. _____ Branch: _____
 Bank Transfer A/C No. _____