



**LIBERTY**

**Liberty Life Lesotho Limited**  
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# Education Legacy Plan Death Claim Form

POLICY NUMBER

## STANDARD REQUIREMENTS *(Please attach copies of the following documents)*

- Certified Copy of Death Certificate of Policyholder.
- Copies of the ID documents or passport for the deceased and beneficiary(ies) (a copy of the birth certificate if younger than 18).
- Proof of residence of Claimant (not older than 3 months).
- Proof of banking details for the beneficiary(ies), cessionary or estate
- A letter of executorship/authority when the benefit is payable to the estate (in cases where there is no nominated beneficiary).
- Police report in the case of an unnatural death

**The Claimant can be a beneficiary, a cessionary or estate.**

## PERSONAL DETAILS OF CLAIMANT

Title  Initials

First name  Gender  M  F

Surname

Form of identification (tick one)  Identity document  Vald passport Date of issue  D  D -  M  M -  Y  Y  Y  Y

ID /Passport number  Date of birth  D  D -  M  M -  Y  Y  Y  Y

Marital status  Nationality

Telephone (work/home)  Mobile number

Email address

Physical address

Postal address  Postal code

Postal code

## IN THE EVENT OF A LEGAL ENTITY

Name of Institution

Registration Number  Relationship (e.g. Trust/ Estate)

Name in block letters

Designation of contact person

Telephone

Email address

### ADVICE INSURE INVEST

## DETAILS OF THE POLICYHOLDER

Title	<input type="text"/>	Initials	<input type="text"/>													
First name	<input type="text"/>													Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Surname	<input type="text"/>															
Form of identification (tick one)	<input type="checkbox"/> Identity document	<input type="checkbox"/> Vald passport	Date of issue	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
ID/Passport number	<input type="text"/>			Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of issue	<input type="text"/>															

## CESSIONARY'S CLAIM

(Please complete if you are a cessionary or are acting on behalf of a cessionary)

Title	<input type="text"/>	Initials	<input type="text"/>																				
First name	<input type="text"/>													Gender	<input type="checkbox"/> M	<input type="checkbox"/> F							
Surname	<input type="text"/>																						
Telephone	<input type="text"/>																						
Email address	<input type="text"/>																						
Designation (if company or trust)	<input type="text"/>																						
Cessionary number	<input type="text"/>																						
Have you consented or do you consent to Liberty Life paying any difference between the policy investment value and the amount owed to you, directly to the nominated beneficiary / beneficiaries / estate?														<input type="checkbox"/> Y	<input type="checkbox"/> N								
If Yes, please state the amount payable	<input type="checkbox"/> M	<input type="text"/>											Claim amount valid until	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## BANK DETAILS OF CLAIMANT

Please attach a copy of the latest bank statement - must not be older than 3 months (or a Bank account confirmation letter from the Claimant on the Bank's letterhead)

Name of accountholder	<input type="text"/>												
Name of bank	<input type="text"/>												
Branch name	<input type="text"/>												
Account number	<input type="text"/>						Branch code	<input type="text"/>					
Reference number (if company or trust)	<input type="text"/>												

## DECLARATION BY THE AUTHORISED REPRESENTATIVE *(Always complete this section)*

- I/we warrant that I am/we are legally entitled to receive the proceeds under the said policy and that the estate/s is/are solvent and has/have not been ceded, sequestrated or alienated in any way. I further confirm that I have not withheld, concealed or misstated any information. I further understand that any misstatement or non-disclosure of information which materially affects the assessment of this claim will entitle Liberty Life to declare this claim null and void.
- I understand the Liberty Life will carry out checks (including but not limited to verification of identity, sanctions screening) as required by law. My personal information may be used in the detection and/or prevention of money laundering. I authorise Liberty Life to use my Personal Data and other information to perform the above checks in relation to my application. In the event that Liberty Life becomes aware of any illegal activity, Liberty Life may not be in a position to approve this claim.
- The benefits payable may be reduced by any applicable tax that may apply.
- The supply of this form or any other forms is not an admission by Liberty Life that there was any assurance in force on the life of the deceased member or a waiver of any of Liberty Life's rights or defense in law.

Claimant's full name and surname	<input type="text"/>																					
Claimant's signature	<input type="text"/>											Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## IN THE EVENT OF A LEGAL ENTITY

I am/we are duly authorised to represent the legal entity.

Full name and surname of authorised person	<input type="text"/>																					
Signature of authorised person	<input type="text"/>											Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STAMP