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



The Professional Provident Society Holdings Trust No. IT 312/2011(PPS Holdings Trust) is a Registered South African Trust. PPS Insurance Company (Namibia) Limited Reg. No. 2003/122. PPS Insurance Company Limited Reg. No. 2001/017730/06. PPS Insurance Company Ltd is an Administrator of PPS Insurance Company (Namibia) Ltd."

REQUIRED SUPPORTING DOCUMENTS

Please return the completed form and documents listed below to namibiaclaims@pps.co.za or fax +264 (0)61 411 330.

Please submit this completed form with the following supporting documents:

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

| PPS Member number: | | |
|--|--|--|
| Full name and surname: | | |
| Date of birth: DD / MM / YYYY Date of death: DD / MM / YYYY | | |
| Cause of death: Natural: Unnatural: | | |
| Provide a brief description of the exact cause of death: | | |
| Details of doctor who certified the death: | | |
| Name: Telephone number: | | |
| | | |
| DETAILS OF CLAIMANT | | |
| Please state the nature of your relationship to the deceased by ticking the appropriate box below: | | |
| | | |
| Spouse or family member Financial advisor Other (Attorneys, Executor) | | |
| Spouse or family member Financial advisor Other (Attorneys, Executor) If other, please specify: | | |
| | | |
| If other, please specify: | | |
| If other, please specify: Full names and Surname: | | |

| BANKING DETAILS: | |
|---|--|
| Name of account holder: | |
| Name of bank: | |
| Account number: | |
| Branch code: | |
| Type of account: Current Savings | Cheque Transmission |
| Indemnity – Please take note that PPS Insurareceived is incorrect. | ance(Namibia) will not be held liable for incorrect payments, if the information |
| DECLARATION | |
| I declare that: | |
| I have read and understood the inf The details provided above is corre | |
| Full name and Surname: | |
| Signature: | Identity number: |
| Date: DD / MM / YYY | Y Y |
| IMPORTANT | |
| | |

- the PPS Insurance (Namibia) Provider Policy Document.
- The <u>Life cover will be reduced</u> by the amount paid in terms of the Immediate Needs Benefit.
- The payment of the IMMEDIATE NEEDS BENEFIT is no indication of the validity of any claim for LIFE COVER or the entitlement of the person(s) to whom the IMMEDIATE NEEDS BENEFIT is paid to receive any further amounts with respect to the LIFE COVER.