



# Death & Retrenchment

Tick Box	
Death	<input type="checkbox"/>
Retrenchment	<input type="checkbox"/>

Claimant Title \_\_\_\_\_ Claimant ID No. \_\_\_\_\_

Claimant Full Names \_\_\_\_\_ Claimant Cell No. \_\_\_\_\_

Claimant Surname \_\_\_\_\_ Claimant Email \_\_\_\_\_

Where was the insurance policy purchased? \_\_\_\_\_ Policy No. \_\_\_\_\_

Deceased ID Number \_\_\_\_\_ Date of Death or Retrenchment \_\_\_\_\_

**Required Documentation: Natural Death** - Death Certificate, ID Copy of Deceased, Claimant ID & Claimant Proof of Bank Account

**Required Documentation: Unnatural Death** - BI1663 Form, Death Certificate, Police Report, ID Copy of Deceased, Claimant ID & Claimant Proof of Bank Account

**Required Documentation: Retrenchment** - Notification of Retrenchment, Retrenchment Letter & Id Copy,

You may be requested to submit additional documentation. Feel free to email [info@finrite.co.za](mailto:info@finrite.co.za) or contact us on 010 597 3734

**General Enquiry** [info@finrite.co.za](mailto:info@finrite.co.za)  
or 010 597 3734

**Complaints** [complaints@finrite.co.za](mailto:complaints@finrite.co.za)

**Compliance Officer** [compliance@finrite.co.za](mailto:compliance@finrite.co.za)

**Compliments** [complaints@finrite.co.za](mailto:complaints@finrite.co.za)

Signature \_\_\_\_\_

Date Completed \_\_\_\_\_