CLAIM PAYMENT INSTRUCTION FORM

I the undersigned,_____ID_____

Residing at _____

Contact details, _____

hereby state that:

1) I am the_____(relationship) of the deceased,

_____, who died on_____/_____/_____

at _____

I am the nominated beneficiary on the following Policy/Policies:

i. _____

ii. _____

iii. _____

2) I hereby give my consent that the benefit(s) on the above policy/policies may be deposited into my

_____(relationship) account below:

Accountholder's name: _____

Accountholder's ID: _____

Bank:_____Branch: _____

Account number: _____

3) I indemnify Lion of Africa Life Assurance Company Limited against any claim that may arise as a consequence of the payment of the proceeds of the above policy/policies to the above account.

4) Thus, done and signed at_____on this_____day of_____20____

_____ _____

Nominated beneficiary Accountholder