



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

Lion of Africa Life Assurance Company Limited • Reg No. 1942/015587/06 • FSP No. 15283
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Directors: F Robertson (Chairman) • JD Faght • NA Pangarker • LA Witten • CK Zama • MFH Cariem
CEO: Paul Myeza

LionLife is an authorised financial services provider FSP 15283, and a licensed insurer licensed to conduct life insurance business.
For more information visit www.lionlife.co.za