

# Last Expense Claim Form

**KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.**

- Certified copy of death certificate
- Certified copy of Policyholder's proof of identity
- Certified copy of claimant's proof of identity (If the deceased is the Policyholder)
- Certified copy of deceased's proof of identity (If the deceased is a Dependent)
- Proof of bank details for beneficiary
- Proof of relationship to policyholder for the deceased ( If the deceased is a Dependent)

**Liberty Life reserves the right to call for additional documents where necessary in order to validate the claim**

Policy number

## POLICYHOLDER'S DETAILS

Surname

First name  Gender  M  F

Identity number  Date of birth  DD -  MM -  YYYY

Telephone number  Mobile number

E-mail address

Postal address

Postal code

## DECEASED DETAILS

Is the deceased  Policyholder  Spouse  Child  Parent  Extended family

Surname

First name  Gender  M  F

Identity number  Date of birth  DD -  MM -  YYYY

## CLAIMANT'S DETAILS (Must always be policyholder, except where the policyholder is incapacitated or deceased)

Surname

First name  Gender  M  F

Identity number  Date of birth  DD -  MM -  YYYY

Telephone number  Mobile number

E-mail address

Postal address

Postal code

Relationship to policyholder

