



# Disability Claim

**For lump sum disability claims only.**

Investment number

## Client's details

Title

First name (if individual)

Middle name(s) (if individual)

Surname

Identity/Registration number  (copy of identity document required)

Date of birth  DD -  MM -  CCYY

SA Resident  Yes  No Gender  Male  Female

Name of medical scheme

Income tax number

Highest academic, professional or trade qualification?

Personal status (please tick appropriate box) Married  Single  Divorced  Widow/Widower

If married, please state occupation of spouse

Have you ever been declared insolvent or have any sequestration proceedings pending?  Yes  No

If yes, please provide details:

## Physical address

Street

Suburb

City/town

Country  Postal code

## Postal address

As above

Box/Street

Suburb

City/town

Country  Postal code

Telephone  -  Fax  -

Cellphone

Email address







## Payment details

For your protection, payment will only be effected by Electronic Fund Transfer. Payment may only be made to the Client. **No payment to a third party will be allowed.** Payment will be made into a bank account in the name of the Client. IF PAYMENT IS TO BE MADE TO A DIFFERENT ACCOUNT, WE WILL NEED PROOF THEREOF - EG. CANCELLED CHEQUE OR BANK STATEMENT THAT REFLECTS THE ACCOUNT NUMBER AND NAME OF THE ACCOUNT HOLDER.

Name of bank account holder	<input type="text"/>	
Bank	<input type="text"/>	Branch <input type="text"/>
Account number	<input type="text"/>	Branch code <input type="text"/>
Account type	<input type="checkbox"/> Cheque account	<input type="checkbox"/> Transmission account
	<input type="checkbox"/> Savings account	

The Client must ensure that the account number, name and account holder is correct, Stanlib Wealth Management Limited shall not be held liable for delays and/or other damages due to incorrect details being provided.

## Declaration

I hereby warrant and declare that the foregoing answers and statements are true to the best of my knowledge and belief, and that I have withheld no material fact from Stanlib Wealth Management Limited. I further declare that the condition that has given rise to this claim was not due in any way to self-inflicted injury or the use of alcohol or drugs of any kind and that I am not insolvent.

I agree that the written statements and affidavits of all the doctors who attended or treated the Client and all other papers submitted in support of this claim (**listed below**), shall constitute and are hereby made a part of this claim, and further agree that the supply of this form, or any other forms supplemental hereto by Stanlib Wealth Management Limited, shall not constitute an admission by it that there is any assurance in force on the life in question or a waiver of any of its rights or defences in law.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I, or anyone acting on my behalf or with my knowledge or consent, have knowingly withheld any material or submitted any false information in respect of this claim. I further agree that upon payment of the benefits hereby claimed, Stanlib Wealth Management Limited shall be discharged from all liability in respect of such benefit.

I hereby authorise any medical practitioner, hospital or any other person to furnish Stanlib Wealth Management Limited, or its representative/s any details relating to any illness or injury to the Client or such other information as may be necessary to consider this claim. I know and understand the confidential nature of medical information. By appending my signature at the end of this Declaration, I am agreeing that I have given permission to Stanlib Wealth Management Limited to obtain medical information and evidence from and/or through third parties without it being seen as a breach of my right of privacy and confidentiality. I further agree that any authorised medical personnel or practitioner may release confidential information to Stanlib Wealth Management Limited or other person acting on their behalf and in such manner or method as may direct.

I indemnify Stanlib Wealth Management and its directors, agents and employees against any claim of whatever nature which may be made against them as a result of or arising out of the furnishing of such information. Where the conditions of the contract so allow, I irrevocably authorise Stanlib Wealth Management Limited to deduct any expenses incurred by it in respect of this claim and for which I am liable from the benefits payable under the contract.

Signature of client	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Signed at	<input type="text"/>									

### Please attach the following supporting documentation with the claim form:

- Declaration by Employer to consider Disability Claim and to verify that the information is correct
- Medical Reports completed by the Medical Doctor who is currently treating the Client;
- Declaration by the Medical Specialists who have been treating the Client stating that the Client is disabled and unable to find Employment due to the disability;
- Detailed report from the Specialist treating the Client;
- Hospital reports
- A copy of the Accident Report if the Disability was caused by an accident.