

Minor Beneficiary Funeral Insurance Claim Form

1. Deceased Information

Full Name

Date of Birth

Date of Death

Policy Number

Cause of Death

2. Minor Beneficiary Information

Full Name

Date of Birth

Relationship to Deceased

3. Claimant (Guardian) Details

Full Name

Relationship to Minor

Contact Number

Address

4. Required Documents

- Certified copy of Death Certificate
- Certified copy of ID of Deceased
- Proof of relationship to minor
- Birth Certificate of Minor
- Proof of Guardianship
- Completed Claim Form

5. Bank Details for Payment

Bank Name

Account Name
Account Number
Branch Code
Type of Account
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6. Declaration

I declare that the information provided is true and complete to the best of my knowledge.

Guardian's Signature

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Date

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