Legal Expenses Accidental Death Claim Form
LegalWise Legacy Accumulator Benefit Claim Form

www.legalwise.co.za

NB. Please attach the following documents:

- > Certified copy of the Death Certificate of the main Member.
- > Certified copy of the Nominated Beneficiary's ID or Passport.
- > Letter of Executorship, if the Deceased did not nominate a Beneficiary.
- > Certified copy of the ID document of the deceased.
- > Nominated Beneficiary / Executor's Bank Statement.
- > Notice of Death /Stillbirth (DHA-1663).
- > Post mortem / inquest report where applicable.

LEAD Claim ☐ lead@legalwise.co.za Legacy Claim ☐ legacy@legalwise.co.za

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Particulars of Deceased

LegalWise Membership No

Surname Title

First Name/s

ID No Date of Birth Y Y Y Y M M D D

Date of Death Y Y Y Y M M D D

Name of Doctor who certified Death

Practice No

Doctor Address

Doctor Tel No Doctor Cell No

If the claimant is the Nominated Beneficiary, complete section 2 and 4.
If the claimant is the Executor, complete section 3 and 4.

2. Particulars of Nominated Beneficiary

Surname Title

First Name/s

ID No Date of Birth Y Y Y Y M M D D

Postal Address

Postal Code

Residential Address

Postal Code

Tel Home Tel Work

Cell No

E-Mail

3. Executor's details

Surname | Title

First Name/s

ID No | Date of Birth (Y Y Y Y M M D D)

Firm Name

Estate No

Postal Address

Postal Code

Business Address

Postal Code

Tel Home | Tel Work

Cell No

E-Mail

4. Bank details (please attach proof of banking details of the Nominated Benificiary/Executor)

Name of Account Holder

Name of Bank

Account No

Branch Name | Branch Code

Account Type

5. Cause of Death

Describe the cause of death:

LegalWise and LEZA are committed to protecting your privacy as prescribed in the Protection of Personal Information (POPI) Act 4 of 2013. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely and transparently for the purpose for which it is intended, namely, the administration of this legal insurance product and related accidental death benefit claim.

I, the undersigned, confirm that the details provided are correct. Further, I consent to my information being used for the purposes of LegalWise related services only.

Claimant's Signature | Date (Y Y Y Y M M D D)