



NICO Life Insurance Company Limited
NICO House, 3 Stewart Street. P.O. Box 3044, Blantyre, MALAWI
Tel: (265) 1 822 699 Fax: (265) 1 821 189 Cables "NICOBT"
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NOTIFICATION OF DEATH OF SCHEME MEMBER AND AUTHORITY TO PAY CLAIM

1. Name of Scheme:.....
2. Name of Deceased Member:.....
3. Membership No:..... Date of Birth..... Date of Death.....
4. Date of Last Contributions:.....
5. Annual Salary of Member as at Renewal Date:.....
6. Amount of Group Life Assurance Cover:.....

We the undersigned:
 (Full Names)

In our capacity as Trustees/Grantees:
 (Delete whichever is inapplicable)

of the hereby declare
 (Name of Scheme)

- i. that the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the scheme.
- li that payment of the proceeds due in respect of the deceased member in terms of the aforementioned scheme shall represent the full and final discharge of the National Insurance Company Limited's liability in respect of that member under the scheme.
- lii that the Trustees shall fully indemnify NICO Life Insurance Company Limited for any further payment by reason of any document or documents the basis upon which such payment is made being rendered unreliable in so far as proof of death is concerned.

Signed at:..... This..... day of..... year.....
 (place) (Date) (month)

In the presence of **Witness** Signed by the abovementioned **Trustees/Grantees**
 (Delete whichever is inapplicable)

Witness : (1)

Address :

Witness : (2)

Address :

Witness : (3)

Address :

(N.B. Please note that as stipulated by the Trust Deed /policy Contract, at least two Trustees/Grantees are required to sign this form)

Apart from this form the following document is required to initially substantiate a claim
 Death certificate (a provisional Death certificate i.e. Death Report where available will in many cases suffice)
 Occasionally further documentation may be required but when this is the case it will be specifically called for by NICO Life Insurance Company Limited.