



VANGUARD LIFE ASSURANCE COMPANY LIMITED

CLAIMANT'S STATEMENT FORM; DEATH CLAIM

- 1. Name of deceased
2. Scheme Name
3. Date of Death
4. Cause of Death
5. Name of hospital & doctor
6. Name of beneficiaries (if any)
7. Address of Claimant

FOR OFFICE USE ONLY

- 1. Claim Form [checkbox]
2. Letter from employer [checkbox]
3. Acceptable proof of death [checkbox] (Specify) _____

DATE OF MEETING _____

DECISION: ADMITTED / REPUDIATED / DEFERRED

CHAIRPERSON'S SIGNATURE _____
MEMBER'S SIGNATURE _____
MEMBER'S SIGNATURE _____
MEMBER'S SIGNATURE _____
MEMBER'S SIGNATURE _____
MEMBER'S SIGNATURE _____