

Death Notification Form

Confidential

Policy no or Bank account no
 Product name: Family Protection Plan Personal Accident Plan Education Policy Embedded Protection Benefits (Bank)

A Details of the deceased

Surname First name(s) Title
 ID/Passport no Date of birth
 Date of death Is death due to an accident? Yes No
 If **No**, please state the cause of death
 Relationship to Policyholder/Bank Accountholder: Self Spouse Child Parent Extended Family

B Particulars of the notifier

Is the notifier a Nominated Beneficiary of the Policy or appointed by the Executor? Yes No
 If **Yes**, please complete the Death Claim form. Otherwise, please complete the rest of this form.
 Surname First name(s) Title
 ID/Passport no Nationality Relationship to deceased
 Date of birth Email address
 Telephone (H) Telephone (W) Cell
 Residential address
 Town/City Province/Region Country of residence
 Postal address Postcode
 Employer Occupation
 Work address

C Indemnity

I, the undersigned notifier certify that all information provided by me in respect of the deceased and the notification hereof is true and correct. I understand that I am not the beneficiary of this Policy, and such not entitled to receive the benefit payable.

Surname First name(s) Title
 Signature _____ Place Date

D Branch use

Surname First name(s)
 Employee code Branch name Branch code
 Email address Telephone (W)

Minimum required claims documentation

- Certified copy of the Notifier's - ID/passport (not applicable if Barclays staff)
- Certified copy of the Deceased's - ID/passport
- Certified copy of marriage certificate (if spouse's death)
- Certified copy of proof of death, which may be death certificate or burial permit, depending on the product type.
- Police Abstract Report (if death is due to an accident).

All required claim documentation must be submitted to Barclays Life Assurance Kenya Ltd.