



CLAIM PAYMENT INSTRUCTION

I the undersigned, _____ ID _____

Residing at _____

hereby state that:

- 1) I am the _____ (relationship) of the deceased,
_____, who died on ____/____/____
at _____

I am the nominated beneficiary on the following Policy/Policies:

- i. _____
ii. _____
iii. _____

- 2) I hereby give my consent that the benefit(s) on the above policy/policies may be deposited into my
_____ (relationship) account below:

Accountholder's name: _____

Accountholder's ID: _____

Bank: _____ Branch: _____

Account number: _____

- 3) I indemnify Lion of Africa Life Assurance Company Limited against any claim that may arise as a
consequence of the payment of the proceeds of the above policy/policies to the above account.

Thus done and signed at _____ on this ____ day of _____ 20____.

Nominated Beneficiary

Accountholder