

**BENEFICIARY CLAIM FORM**

FORM: BCF-102025

Name of Deceased:			
BENEFICIARY INFORMATION			
Title (Mr. Ms. Mrs. Other)	First Name:	Middle:	Last Name:
Tax Information Number:		Date of Birth:	
Residential Address:			
Telephone Numbers: Work:		Mobile (1)	Mobile (2)
Email Address: Email (1)		Email (2)	
PAYMENT INSTRUCTIONS			
(Payments are only made using direct bank deposits to an account in the name of the beneficiary)			
Name on Account:			
Bank Name:			
Account Number:			
Branch:			
Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing		
DOCUMENTS TO BE SUBMITTED WITH THIS FORM			
<input type="checkbox"/> Death Certificate of Member			
<input type="checkbox"/> Valid ID of Beneficiary: (e.g. Passport, National ID, Driver's License)			
DECLARATION			
I confirm that the information provided is accurate and complete.			
Name:	Signature:		Date:
Name of Witness:	Signature:		Date: