

## DEATH CLAIM STATEMENT CREDITOR INSURANCE

NAME OF DECEASED		LAST ADDRESS OF DECEASED	
DATE OF BIRTH (dd/mm/yyyy)	DATE OF DEATH (dd/mm/yyyy)	DATE LAST ACTIVELY AT WORK (dd/mm/yyyy)	
REASON FOR CESSATION OF WORK			

### CREDITOR'S STATEMENT

POLICY NO.	ACCOUNT NO.	DATE LOAN DISBURSED (dd/mm/yyyy)	ORIGINAL AMOUNT OF LOAN
TERM OF LOAN _____ MONTHS	MONTHLY PAYMENT AMOUNTS \$ _____		DATE FIRST PAYMENT DUE DAY MONTH YEAR
NO OF MONTHLY PAYMENTS MADE PRIOR TO DEATH	TOTAL AMOUNT PREPAID BEFORE DEATH \$ _____	NO OF MONTHLY PAYMENTS IN ARREARS AT TIME OF DEATH	
OUTSTANDING BALANCE AT DATE OF DEATH \$ _____		AMOUNT OF INSURANCE ON OUTSTANDING BALANCE \$ _____	
NAME OF CREDITOR		BRANCH ADDRESS	

\_\_\_\_\_  
SIGNATURE OF CREDITOR

\_\_\_\_\_  
DATE (dd/mm/yyyy)

### SHAREHOLDER'S STATEMENT (CREDIT UNIONS ONLY)

POLICY NO	DATE ACCOUNT COMMENCED (dd/mm/yyyy)	AMOUNT OF MONTHLY DEPOSIT	TOTAL DEPOSIT FOR 12 MONTHS PRIOR TO DEATH \$ _____
SHAREHOLDING AT AGE 60 \$ _____	TOTAL SHAREHOLDING AT DEATH \$ _____	TOTAL INSURANCE ON SHAREHOLDING \$ _____	
NAME OF SHAREHOLDER		ADDRESS	

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE