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RMA Life Funeral Claim Payment Indemnity Form

RMA Life Assurance Company Limited Policy number: _____

I, _____ (Full name and surname), with ID/Passport number _____ in my lawful capacity as the (please tick where applicable):

Policyholder:	☐
Guardian of Beneficiary:	☐
Executor of Estate:	☐
Trustee/ Curator of Trust	☐
Trust Name and Number:	☐

(please attach copy of Trust Deed)

I am aware that the value of the funeral benefit due and payable to me is R_____

I hereby give consent that RMA Life can pay R_____ of the funeral benefit due to myself, to the nominated banking account and holder specified below:

Banking details					
Name of Account Holder					
ID/Passport of Account Holder					
Bank Name					
Branch Name					
Branch Code					
Account Number					
Account Type	Current/Cheque	☐	Transmission	☐	Savings ☐

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(*Please ensure that proof of banking details is submitted (i.e. a cancelled cheque/ bank statement/ letter from the bank).

I hereby confirm that RMA Life, its employees and representatives are expressly and unconditionally indemnified and hold them harmless against any claim whatsoever and howsoever arising directly or indirectly due to any loss/damaged, that may be brought against them in connection with my/our request for the payment as specified above.

Signed at _____(town/city) on this _____ day of _____ 20____.

Print Name: _____ Signature: _____