



RMA Funeral Claim Payment Indemnity Form

RMA Life Assurance Company Limited Policy number: _____

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

Policyholder:

Beneficiary:

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 funeral cover amount due to be paid to me is _____

I hereby give consent that the funeral benefit payment/s, under the above policy be made to the banking account 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 <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>

(*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: * _____