

BENEFICIARY INDEMNITY FORM

First Name		
Surname		
ID / Passport Number		
Contact Number		
Deceased First Name		
Deceased Surname		
Deceased ID / Passport Number		
Relationship to Deceased		
Signature _____ Name & Surname _____		Date:
Witness Signature _____ Name & Surname _____		Date:
Please list attachments/supporting documents (if applicable):		

Terms & Conditions

By ticking this box I confirm that, to the best of my knowledge, the above details are accurate and correct. I also hereby authorize NBCRFLI and its affiliate Service Providers to utilize my personal identifying information and credit information to perform a verification on my details to protect both the NBCRFLI and myself.

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