



BENEFICIARY INDEMNITY FORM

First Name	
Surname	
ID / Passport Number	
Contact Number	
Deceased First Name	
Deceased Surname	
Deceased ID / Passport Number	
Relationship to Deceased	
Signature _____	Date: _____
Name & Surname _____	
Witness Signature _____	Date: _____
Name & Surname _____	
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.