



FAMILY BENEFIT CLAIM FORM

Please attach the following:

- Copy of death certificate, certified by a Commissioner of Oaths or the SAPS (if handwritten abridged death certificate, please provide the letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided),
- Certified copy of member's identity document,
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- Member's latest payslip,
- Bank statement and certified copy of beneficiary's identity document (ONLY if payable to beneficiary/member).

In addition, if application is for a spouse:

- Certified copy of spouse's identity document,
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- Marriage certificate, or
- Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or
- Declaration/affidavit from a third party confirming the duration of the relationship, e.g. Tribal Chief, Minister of Religion, parent of the deceased, labolla agreement (ONLY if the above is not available).

In addition, if application is for a child:

- Certified copy of child's identity document/birth certificate,
- Please confirm gestational age of the foetus weeks
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- Employer records, Beneficiary Nomination Form, Medical Aid Nomination Form, or
- Affidavit from the other parent/third party confirming that the main member is the biological parent of the child (ONLY if the above is not available).

SCHEME DETAILS

Employer name

Scheme name Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number Date of birth

Date of joining scheme

Date of joining employer

Date of death (if applicable)

DECEASED PERSON'S DETAILS – complete only if the deceased is a spouse or child of the member

First name(s)

Surname

Identity number Date of birth

Date of death

Relationship to member Spouse Child

PAYMENT DETAILS

Benefit details

Family cover at date of death R

Family cover payable to

Cellphone

Bank account details

In terms of the policy document, the benefit is electronically transferred to the relevant bank account.

Name of account holder

Name of bank Name of branch

Account number Branch code

Type of account Savings Cheque Transmission

Address for confirmation of payment

Contact person

Postal address

Postal code

Email address

Telephone Code Number

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as and duly authorised to make this declaration, hereby declare that:

- i. the person whose death gave rise to this claim has in fact died and was a legitimate participant under this scheme; and
- ii. that payment of the proceeds, due in respect of the above member, in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of this member.

I/We hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me/us.

Signed at on this day of 20

Name

Signature



Old Mutual is a Licensed Financial Services Provider