

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Old Mutual SuperFund

Claims Department
PO Box 728
Cape Town 8000
Fax 0860 383 848

ALL sections must be completed

A. SCHEME DETAILS

Participating employer

Contact person at employer

Email address of contact person

Scheme code

B. MEMBER'S PERSONAL DETAILS

Surname Initials Title

Date of birth ID number

Fund reference number

C. DECEASED'S PERSONAL DETAILS – complete only if the deceased is not the member

Surname Initials Title

Date of birth ID number

Relationship to member

D. DATE OF DEATH

D	D	M	M	Y	Y	Y	Y
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E. FAMILY BENEFIT PAYABLE TO

The benefit will be electronically transferred to the relevant bank account. Attach a Certified Copy of Bank Statement.

Bank Account Details

Account holder's name

Name of bank Name of branch

Branch code Account number

Address to which confirmation of payment should be sent

Contact person

Postal address

F. DECLARATION AND AUTHORITY TO PAY CLAIM – to be completed by the participating employer

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

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

Signed at on this day of 20

Signature of participating employer

Print name

Please attach to this form

- A certified copy of ID of the person who the benefit is payable to
- A certified copy of Death Certificate (certified by a Commissioner of Oaths or by the SAP)
- Notification of Death/Stillbirth form (DHA 1663/BI 1663)
- To prove relationship of deceased spouse/child to member:
 - Spouse – Certified copy of marriage certificate **or** sworn affidavit confirming relationship
 - Child – Certified copy of birth certificate **and** sworn affidavit confirming relationship
- **Claim will be processed on receipt of faxed or pdf documents - original must follow via post.**
- **Once submitted, changes to this form will only be accepted on a newly completed form.**

Official Company Stamp