

GUIDELINES FOR COMPLETION OF THIS FORM

The following guidelines will help Old Mutual Group Assurance to process your claim quickly and accurately:

1. These claim forms can be completed for the death of an employee or his/her insured spouse
2. These claim forms must be completed by an authorised representative of the employer
3. Complete the application form fully and in detail as it gives us important information
4. Write your answers in clear black or blue block letters so that it is easy to read
5. If the form is completed electronically, please print, sign, stamp and scan the form to send to us
6. Use the checklist below to ensure that you hand in all the necessary documents

Documents required	Tick
Copy of death certificate, certified by a Commissioner of Oaths or the SAPS • If a handwritten abridged death certificate is submitted, this must be accompanied by a letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided.	
Notification of death/stillbirth form (DHA 1663/B1 1663)	
Police report for unnatural/accidental deaths	
Certified copy of employee's identity document	
Employee's latest payslip	
Bank statement and certified copy of beneficiary's identity document (ONLY if payable to beneficiary)	
Claim application form completed by the authorised representative of the employer	

Additional documents required if the deceased is an insured spouse	Tick
Certified copy of insured spouse's identity document	
Proof of relationship to the member: • Certified copy of marriage certificate, or • Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or • Declaration from a third party confirming the duration of the relationship, on a formal letterhead, signed and stamped, e.g. Tribal Chief, Minister of Religion	

Submit the form electronically, by fax or post:

Email gapdeathclaims@oldmutual.com
 Fax 021 509 4669
 Address Group Assurance
 Death Claims Team (6J)
 Old Mutual
 PO Box 2386
 Cape Town 8000

You are welcome to contact us at 021 509 4351 should you require assistance with completing and submitting this form.

References in this application form to "Old Mutual Group Assurance" actually refer to "Old Mutual Life Assurance Company (South Africa) Limited".

PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The personal information received by Old Mutual in accordance with this contract will be used, as and when appropriate, for the following purposes:

- Underwriting
- Assessment and processing of claims
- Claims checks (Life and Claims Register)
- Fraud prevention and detection
- Tracing beneficiaries
- Market research and statistical analysis
- The marketing of Old Mutual products
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verification of the personal information provided

When Old Mutual engages service providers to process personal information on its behalf or to render services to it, Old Mutual may share some personal information with these service providers. Should these service providers be abroad, Old Mutual will not share the personal information with them unless it is satisfied that adequate security measures are in place to protect the personal information.

The Policyholder is advised and encouraged to inform all members/lives assured that Old Mutual holds and is processing their personal information for the purposes noted above. The Policyholder or a member/life assured may access the personal information relating to him or her and, subject to the provisions this contract may request the correction of any errors or the deletion of this information. In certain cases the Policyholder and members/lives assured have the right to object to the processing of their personal information.

The Policyholder or members/lives assured have the right to complain to the Information Regulator, whose contact details are:

Website justice.gov.za/infocreg/index.html
Tel 012 406 4818
Fax 086 500 3351
Email infocreg@justice.gov.za

Old Mutual's full privacy notice can be viewed at oldmutual.com/privacy-notice

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

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

- a) That the information provided in this claim is true and correct, and that no information has been omitted or withheld
- b) That the insured person whose death gave rise to this claim has in fact died
- c) That payment of the proceeds, due in respect of the above insured person in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Group Assurance's liability in respect of this insured person

I indemnify Old Mutual Group Assurance against any claim that may arise from any incorrect information provided in this form.

I hereby instruct Old Mutual Group Assurance to pay the Group Life Assurance benefit due to the person/s above.

Signed at on this day of 20

Name

Telephone code number

Email address

Signature

OFFICIAL
COMPANY
STAMP

SCHEME DETAILS

Scheme name

Scheme code

Employer name

EMPLOYEE DETAILS

First name(s)

Surname

Identity number

Date of birth

Date of joining employer

Date of joining scheme

Annual salary on which the premium was paid (at date of death)

Employee date of death

Main cause of death

SPOUSE DETAILS - COMPLETE ONLY IF THE DECEASED IS AN INSURED SPOUSE

First name(s)

Surname

Identity number

Date of birth

Marital regime with employee

Civil Marriage

Civil Union

Customary marriage

Life Partner

Other

Insured spouse's date of death

Main cause of death

PAYMENT DETAILS

- In terms of the Group Life Assurance policy contract, Old Mutual must pay the benefits strictly in accordance with the written confirmation and instruction from the Employer/Proposer
- The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract
- Benefit payable to: Fund Employer Employee Beneficiary
- If the benefit is payable to beneficiaries, please complete all the details of each of the beneficiaries in the beneficiaries section below. If there are more beneficiaries, please attach additional copies of page 3
- Beneficiaries can be the employee, estate, trust fund and/or nominated beneficiaries
- Important: Please ensure that the allocated percentages of the different beneficiaries must add up to a total of 100%
- If the benefit is payable to an international bank account, please provide the International Bank Account Number (IBAN) and SWIFT Bank Identifier Code (SWIFTBIC)

A. PAYMENT TO FUND/EMPLOYER

Bank account details

Name of account holder

Name of bank

Account number

Branch/SWIFT code

B. PAYMENT TO BENEFICIARY

BENEFICIARY 1

Allocated percentage of benefit %

First name(s)

Surname

Identity number

Date of birth

Bank account details

Name of account holder

Name of bank

Account number

Beneficiary contact information for confirmation of payment

Email address

Cellphone

BENEFICIARY 2

Allocated percentage of benefit %

First name(s)

Surname

Identity number

Date of birth

Bank account details

Name of account holder

Name of bank

Account number

Beneficiary contact information for confirmation of payment

Email address

Cellphone

BENEFICIARY 3

Allocated percentage of benefit %

First name(s)

Surname

Identity number

Date of birth

Bank account details

Name of account holder

Name of bank

Account number

Beneficiary contact information for confirmation of payment

Email address

Cellphone

BENEFICIARY 4

Allocated percentage of benefit %

First name(s)

Surname

Identity number

Date of birth

Bank account details

Name of account holder

Name of bank

Account number

Beneficiary contact information for confirmation of payment

Email address

Cellphone



Old Mutual is a Licensed Financial Services Provider