



OLD MUTUAL SUPERFUND

OLDMUTUAL

CORPORATE

DEATH BENEFIT CLAIM FORM

8

CONFIRMATION BY A 3RD PARTY

This Claim Form 8 provides us with a sworn statement about the people who were dependent on the Deceased (the person who died).

For the Management Board of the Fund to decide who to pay the proceeds to, you must complete all sections applicable in full.

If you need help filling in this form, please call 0860 388 873.

Please return these forms to the Claims Department:

Old Mutual SuperFund
PO Box 728,
Cape Town 8000,
South Africa

Tel: 0860 203 040

Fax: 021 509 4677 or 021 509 6271

Email: SuperfundDeathsQueries@oldmutual.com

Did you know the Deceased personally?

Do you have personal knowledge of the Deceased Member's circumstances?

WHAT IS A 3RD PARTY?

A person who knew the Deceased (person who died) personally and is **not a family member**.

Please complete this form if you are not a family member.

CERTIFIED COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- Your ID



YES No

YES No

A

PERSONAL DETAILS OF THE DECEASED

For reference purposes

Name and surname of the Deceased (as per the ID book)

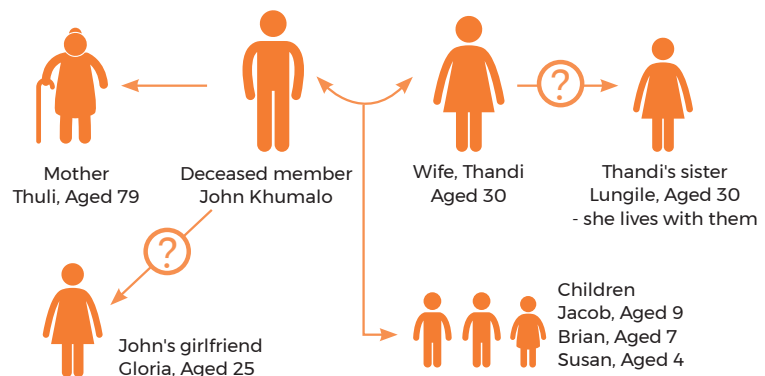
ID number or passport number of the Deceased

Old Mutual reference number: _____



Draw us a picture if you want:

We need to know about everyone and their relationship with the member. Please draw us a picture or diagram showing how everyone is related, like the example on the right. Please attach the picture you have drawn to this form.



B SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

WHO IS A DEPENDANT?

A dependant is:

1. a person who was receiving financial support from the Deceased Member
2. a person for whom the Deceased Member had to pay maintenance in terms of the law
3. a person for whom the Deceased Member would have had to pay maintenance (in terms of the law) had he/she not died, e.g. an unborn child

Please enter the names of the Deceased Member's dependants in the tables below. **Please do not enter your own name, unless you were dependent.**

Full name of the dependant	Relationship to the Deceased	Support provided

Do you know of any other person/s who are not listed above and were possibly financially dependent on the Deceased.

Full name of the dependant	Relationship to the Deceased	Support provided

Number of years that I knew the Deceased. years

- > The Old Mutual SuperFund Management Board has a legal duty in terms of Section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the Deceased Member.
- > Please make sure that all information is complete and correct to assist the Board to pay the death benefit in a fair and appropriate way. This includes details of your relationship with the Deceased.
- > **If possible** - Provide details of income, expenses and financial support of the dependants.
- > The Board has the discretion to share out the death benefit to dependants of the Deceased and/or nominated beneficiaries of the Deceased.
- > The Board may check the information provided, when conflicting information is received or if they need to check the facts.
- > Any misrepresentations, either stated or withheld, may influence the decision by the Board in how they share out the death benefit.

Please fill in your own name and ID number below. Note that you must sign the form in front of a Commissioner of Oaths.

I, _____ (full names and surname),
 _____ (Identity number), declare under oath that I am not aware of any spouse(s), partner(s), biological children or any other financial dependants other than those listed above..

I further declare that the information in this form, and in the supporting documents that I signed, is true and correct. I indemnify Old Mutual and Old Mutual SuperFund against any claim that may arise from any incorrect or false information provided in this form.

Signed at (place)		Date signed	
Telephone		Cellphone	
Signature		My relationship to the Deceased	

C STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full name and surname			
Telephone		Official stamp	
Designation			
Signature of Commissioner of Oaths			

