

**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 upon the death of an employee, for the employee's Educate-A-Child benefit.
2. Complete the application form fully and in detail as it gives us important information.
3. Write your answers in clear black or blue block letters so that it is easy to read.
4. If the form is completed electronically, please print, sign, stamp and scan the form to send to us.
5. 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.	<input type="checkbox"/>
Notice of Death/stillbirth form (DHA 1663/BI 1663)	<input type="checkbox"/>
Police report for unnatural/accidental deaths	<input type="checkbox"/>
Certified copy of employee's identity document	<input type="checkbox"/>
Employee's latest payslip	<input type="checkbox"/>
Latest Educate-A-Child beneficiary nomination form, as completed by member	<input type="checkbox"/>
Claim form completed by the authorized representative of the employer	<input type="checkbox"/>

**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".

**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

Employee date of death

Main cause of death

**Was the employee a member of a registered Retirement Fund at date of death**  *Please choose one*

If yes, what was the registered name of the Retirement Fund

**OPTIONS FOR PAYMENT ARE:**

- To Trust partner: we will receive this instruction via Beneficiary Nomination form
- To Developmental Fund: we will receive this instruction via Beneficiary Nomination form
- Estate: instruction either via Beneficiary Nomination form, or via lack of one.

Is the latest Beneficiary Nomination form completed by the member attached in this claim submission?  *Please choose one*

We will process payment according to the instruction included in the attached Beneficiary Nomination form. If no beneficiary form is provided, we will process payment to the employee's estate

**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 Educate-A-Child benefit according to the beneficiary nomination forms attached.

Signed at  on this  day of  20

Name

Telephone code  number

Email address

Signature

OFFICIAL COMPANY STAMP

