



DEATH BENEFIT CLAIM FORM

3

ABOUT THE CHILDREN

For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This is Claim form 3 and provides us with information about any children of the Deceased, and any other children who depended financially on the Deceased. It should be completed by a Parent, Guardian or Caregiver. If the child is older than 18, they can complete the form themselves.

A separate Claim Form 3 must be completed for EACH child.

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

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

- The child's ID and Birth Certificate
- If applicable: Proof of schooling/student status
- If available: Proof of any income or financial support of child
- If applicable: Proof of any disability likely to affect the child's ability to work (Medical certificate or letter)



A

DETAILS ABOUT THE CHILD

Title _____ Surname _____

Full name(s) _____ Maiden/previous surname(s) _____

SA ID number

Date of birth

Passport number (if no ID Number)

Passport: Country of issue _____

Residential address _____

Postal address _____

Telephone (H) _____ Telephone (W) _____

Cell phone _____ Email address _____

Who is currently looking after the child? Full Names, Surname and ID of the biological/adoptive parents of the child/children

Mother's name and surname	
Mother's ID number	
Father's name and surname	
Father's ID number	
Guardian's or caregiver's name and surname	
Guardian's or caregiver's ID number	

Please click the applicable box(es) about the child:

Employed Learner (at school) Pre-school Unemployed Student (at university, college, FET or similar) With a disability

If disabled: Please provide proof of disability (e.g. a letter from a doctor, or similar):	YES	NO
Do you think the child will be able to work (in spite of the disability)?		
Is the disabled child receiving a social grant?		

If the Child is employed:	
What is the child's occupation?	
What is the highest grade passed?	
Details about the child's education and qualifications	

What is the child's total monthly income?		What are the child's total monthly expenses?	
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B

RELATIONSHIP TO THE DECEASED

Biological child of the Deceased	Y/N	Adopted (provide proof of adoption)	Y/N
Foster child	Y/N	Stepchild	Y/N
Outside of marriage	Y/N	Other (please describe)	Y/N

If the Deceased was not the biological or adoptive parent (e.g. a foster child, stepchild, nephew or niece, grandchild, etc.):	
Are the biological parents alive?	
Can the biological parents support the child? Please provide details.	

C

FINANCIAL SUPPORT FROM THE DECEASED

Was the child receiving financial support from the deceased? Y N

If Yes, what financial support did the Deceased provide to the child? (Please tick all the options that applied).

Housing Food and clothing A regular amount of money Education Other

If money: How much per month

Since when was the child financially supported by the deceased member?

Date

On what date was the last support received from the deceased member?

Date

Until when do you think the child will need the support?

Date

D**BANKING DETAILS**

If the child is 18 or older, please provide the child's banking details:

Name of Account holder _____ Name of bank _____

Account number _____ Type of account _____

Branch name _____ Branch Code _____

Account holder relationship: (Is the account your own, a joint account, or is it a third party's bank account?)

 OWN

 JOINT

 THIRD PARTY
E**SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM**

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct. I indemnify SuperFund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the deceased	

F**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 & surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official stamp	

