

## Old Mutual Protektor Preservation Fund

# DEATH BENEFIT CLAIM FORM

# 7

CONFIRMATION OF  
DEPENDANTS BY A  
3RD PARTY

This Claim Form 7 provides us with a sworn statement of who the dependants of the deceased (person who died) was.

It should be completed by:

- A person who knew the deceased personally and is not a family member.

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

Please return these forms to: protektor@oldmutual.com

Tel +27 0860 20 30 40

Fax +21 021 509 2125

www.oldmutual.co.za/protektor



Please attach certified copies of the following to this form:

- A copy of your ID



## A

### PERSONAL DETAILS OF THE DECEASED

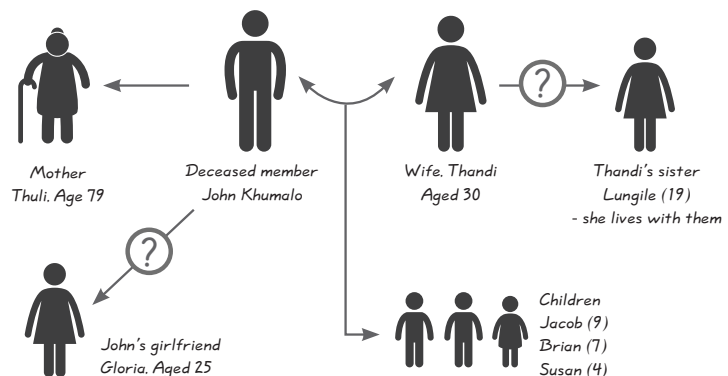
For reference purposes	
Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

Old Mutual reference number: \_\_\_\_\_



### Draw us a picture if you want:

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



# B

## 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 I am not aware of any biological children whom the deceased may have had, nor am I aware of any financial dependants the deceased may have had other than those listed below.

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

<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cell phone</b>	
<b>Signature</b>		<b>Relationship to the Deceased</b>	

<b>Full name</b>	<b>Relationship to the Deceased</b>

Number of years that I have known the deceased.  years

- > The Protektor 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 income, expenses, financial support, and your relationship with the Deceased, as asked for on this form and supporting forms.
- > 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.

# 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.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official Stamp</b>	



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