



DEATH BENEFIT CLAIM FORM

4

ABOUT THE FINANCIAL DEPENDANTS

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 4 and provides us with information about **anyone else who was financially dependent on the Deceased (e.g. parents, grandparents, grandchild, brother or sister, nephew or niece, boyfriend or girlfriend, or similar).**

- It should be completed by anyone else who was financially dependent on the Deceased **at the time of death**

- A separate Claim Form 4 needs to be completed for **each person**

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:

- Your ID
- If applicable: Details of your income



A

PERSONAL DETAILS

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 _____

What was your relationship to the Deceased?

For example: Parent/grandparent/grandchild/brother or sister/nephew or niece/boyfriend or girlfriend, or similar.

Are you a Pensioner?	Y/N		
Do you receive a State Old Age Grant from the Government?	Y/N	Amount of pension received:	
Do you have any disabilities or other health problems? (Please describe and provide proof, such as a medical certificate.)			

Are you:

Single	Y/N	Married	Y/N
Divorced	Y/N	Widowed	Y/N
Separated	Y/N	Life Partner	Y/N

B

BANKING DETAILS

We will need your bank details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

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?)

C

DETAILS ABOUT CHILDREN

Please provide us with brief details of any children who depend on you financially.

Child's full name	Child's date of birth	Child's ID number	Biological father	Biological mother	Did the Deceased support the child financially?
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N

If the Deceased was the father or mother of any of these children, please complete a Claim Form 3 (About any Children) for EACH child of the Deceased.

D

DETAILS OF DEPENDENCY

Please give reasons why you were financially dependent on the Deceased?

How did the Deceased support you? (Please provide proof)

How much money did the Deceased support you with? (Please provide proof)

How often did you receive money from the Deceased?

Since when did you receive financial support from the deceased member?

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Until when do you think you will need the support?

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

E

YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:

How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes, for how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes, how much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			
What attempts have you made to find work or employment or to start a business?			

F

YOUR INCOME AND EXPENSES

What is your total monthly income?		What are your total monthly expenses?	
---	--	--	--

G

YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of asset	Current value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of liability	Amount still owed

H

ADDITIONAL INFORMATION

Please provide any other details about your relationship with Deceased that you think are relevant:

I

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	

J

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	

