

GUIDELINES FOR COMPLETION OF THIS FORM

The following guidelines will help Old Mutual Group Assurance to process your claim quickly and accurately:

- This form needs to be completed annually by the parent, a legal guardian or a child who is 18 years or older
- Please answer all questions in detail and attach the required documents, as the assessment of the claim depends on this information
- Note that "employee" refers to the insured person who passed away
- Please write your answers in clear black or blue block letters as it is easier to read
- Use the checklist below to ensure that you hand in all the necessary documents

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.

PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The personal information received by Old Mutual in accordance with this contract will be used, as and when appropriate, for the following purposes:

- Underwriting
- Assessment and processing of claims
- Claims checks (Life and Claims Register)
- Fraud prevention and detection
- Tracing beneficiaries
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verification of the personal information provided

Personal Information will be de-identified when used for market research and statistical analysis.

When Old Mutual engages service providers to process personal information on its behalf or to render services to it, Old Mutual may share some personal information with these service providers, subject to confidentiality agreements being in place between Old Mutual and such service providers. Should these service providers be abroad, Old Mutual will not share the personal information with them unless it is satisfied that adequate security measures are in place to protect the personal information.

The Policyholder is advised and encouraged to inform all members/lives assured that Old Mutual holds and is processing their personal information for the purposes noted above. The Policyholder or a member/life assured may access the personal information relating to him or her and, subject to the provisions this contract may request the correction of any errors or the deletion of this information. In certain cases the Policyholder and members/lives assured have the right to object to the processing of their personal information.

The Policyholder or members/lives assured have the right to complain to the Information Regulator, whose contact details are:

Website justice.gov.za/inforeg/index.html
Tel 012 406 4818
Fax 086 500 3351
Email inforeg@justice.gov.za

Old Mutual's full privacy notice can be viewed at oldmutual.com/privacy-notice

SECTION 1

APPLICANT'S DETAILS - complete annually

Surname

First name(s)

ID number

Date of birth

D	D	M	M	Y	Y	Y	Y
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Cellphone number

Telephone Work

Home

Email address

Postal address

Postal code

ATTACHMENTS - submit the following documents with the first claim

Checklist	Tick
A copy of the applicant's ID, certified by a commissioner of oaths or the police	<input type="checkbox"/>

EMPLOYEE'S DETAILS - complete employee details for the first claim only

Scheme name

Scheme code

Surname

First name(s)

ID number

Date of death

D	D	M	M	Y	Y	Y	Y
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DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 2

CHILDREN

- The Education Guardian benefit covers up to four (4) children of the employee
- To qualify, a child should be younger than 25 years and attend a South African registered educational institution
- If the employee had more than four children, complete the application form for the eldest four children who qualify

Details of Child 1 - complete annually

Surname

First name(s)

For which academic year is this claim?

School grade

Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; email address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none"> • The institution's invoice or statement of account • Latest academic results, certified by a commissioner of oaths or the police • Details on bursaries, if applicable 	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender:

Male

Female

Academic year at time of employee's death:

School grade

Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available)
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

Details of Child 2 - complete annually

Surname

First name(s)

For which academic year is this claim? School grade Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none">• The institution's invoice or statement of account• Latest academic results, certified by a commissioner of oaths or the police• Details on bursaries, if applicable	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender: Male Female

Academic year at time of employee's death: School grade Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available)
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

Details of Child 3 - complete annually

Surname

First name(s)

For which academic year is this claim? School grade Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none">• The institution's invoice or statement of account• Latest academic results, certified by a commissioner of oaths or the police• Details on bursaries, if applicable	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender: Male Female

Academic year at time of employee's death: School grade Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available)
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

Details of Child 4 - complete annually

Surname

First name(s)

For which academic year is this claim? School grade Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none">• The institution's invoice or statement of account• Latest academic results, certified by a commissioner of oaths or the police• Details on bursaries, if applicable	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender: Male Female

Academic year at time of employee's death: School grade Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available).
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date



Old Mutual is a Licensed Financial Services Provider