OLDMUTUAL CORPORATE

OLD MUTUAL SUPERFUND
AFFIDAVIT FOR UNCLAIMED BENEFITS FUND

Please complete the form using CAPITAL/BLOCK LETTERS in blue or black ink.

TO BE COMPLETED BY THE RECIPIENT OF THE BENEFIT

I, the undersigned, _____ (full name in block letters), with South African ID number/Passport number_____ hereby declare under oath and state that I am the Executor/Estate Administrator of _____ (insert name of deceased member and ID number) estate late.

I reside at

Postal code

DECLARATION

I hereby declare to the best of my knowledge as follows:

The deceased was an employee of _____ and was employed by them from _____ to _____ .

The job title or position held by the deceased was _____ .

The staff code or employee number was _____ .

SIGNATURE OF EXECUTOR/ADMINISTRATOR

I understand the above to be true and correct.

- I shall be personally liable to repay all monies paid to me as a result of dishonest, false, fraudulent or any other wilful misrepresentation made in this affidavit.
- I understand that it is a criminal offence to make wilful misrepresentations in this affidavit.
- I understand that the Fund reserves the right to institute criminal and/or civil proceedings against me as a result of misrepresentation made in this affidavit.
- I hereby absolve the Unclaimed Benefits Fund from any further liability in terms of the deceased member's benefit.
- I sign this freely and voluntarily.

Signed at _____ on this _____ day of _____ (month) _____ (year)

Title _____ Surname _____

Full names _____

Identity number _____ Date D D M M Y Y Y Y

Old Mutual reference number _____

Signature _____

TO BE COMPLETED BY A COMMISSIONER OF OATHS

I, _____ (full name in block letters) certify that the deponent has acknowledged that he knows and understands the content of the declaration and the deponent uttered the following words: "I swear that the contents of this declaration are true, so help me God" OR "I truly affirm that the contents of this declaration are true". I certify further that the provisions of Government Notice G.N. R1258 published in the Government Gazette of the 21st July 1972 (as amended) have been complied with.

Signed and sworn to before me at _____

on this _____ day of _____ (month) _____ (year)

Signature Commissioner of Oaths _____

OFFICIAL STAMP OF SIGNATORY

Full names _____

Capacity/Designation _____

Business address _____

Postal code

Old Mutual Life Assurance Company (South Africa) Limited. Reg No: 1999/004643/06

Affidavit for Unclaimed Benefits Fund Form bds 06.2018 L12235