

Old Mutual Life Assurance Company (South Africa) Limited, registration number 1999/004643/06 (Old Mutual), a licensed Financial Services Provider.

## IMPORTANT - Guidelines for completion of form

- Please complete all questions.
- If there are multiple beneficiaries, ensure that the allocated percentages add up to 100%.
- Please attach a copy of the latest payslip.
- Attach a copy of the death certificate, certified by a commissioner of oaths or the SAPS. If it is an abridged death certificate, attach a copy of the letter from the Department of Home Affairs that explains the reason for an abridged death certificate.
- If the person is not included on the latest member data supplied to Old Mutual, please attach proof that he/she is covered under this GLA arrangement.
- Keep a copy of the completed form for your records.

## SCHEME DETAILS

Scheme name  Scheme code

## MEMBER DETAILS

First name(s)   
 Surname   
 Identity number  Date of birth

## EMPLOYER DETAILS

Name   
 Address   
 Postal code   
 Telephone Code  Number   
 E-mail address   
 Date employed         Date cover commenced          
 Date of death

## PAYMENT DETAILS

### Benefit payable to:

Fund  Employer  Beneficiary  (If payable to more than one beneficiary, please complete pages 2 and 3.)

The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract.

### Bank account details

Name of account holder   
 Name of bank  Name of branch   
 Account number  Branch code   
 Type of account  Savings  Cheque  Transmission

### Address to which confirmation of payment should be sent:

Contact person   
 Postal address   
 Postal code   
 E-mail address

## DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as  and duly authorised to make this declaration, hereby declare:

- i. That the person whose death gave rise to this claim has in fact died and was a legitimate member of the scheme.
- ii. That at the time of his/her death the:
  - a) salary on which the premium was paid was R  and
  - b) cover amounted to R
- iii. That payment of the proceeds, due in respect of the above member, in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of this member.

I/We hereby instruct Old Mutual Corporate to pay the Group Life Assurance benefit due to the persons below.

Signed at  this  day of  20

Name

Signature



## BENEFICIARIES - Guidelines for completing this section

- In terms of the Group Life Assurance policy contract, Old Mutual must pay the benefit strictly in accordance with the written confirmation by and instruction from the Employer/Proposer.
- Kindly complete all the details of each of the beneficiaries.
- If there are more than 6 beneficiaries, please attach additional copies of page 3.
- Important – the individual percentages for the different beneficiaries must add up to a total of 100%.

### BENEFICIARY 1

Allocated percentage of benefit  %

First name(s)

Surname

Identity number  Date of birth

#### Bank account details

Name of account holder

Name of bank  Name of branch

Account number  Branch code

Type of account  Savings  Cheque  Transmission

### BENEFICIARY 2

Allocated percentage of benefit  %

First name(s)

Surname

Identity number  Date of birth

#### Bank account details

Name of account holder

Name of bank  Name of branch

Account number  Branch code

Type of account  Savings  Cheque  Transmission

**BENEFICIARY 3**Allocated percentage of benefit  %First name(s) Surname Identity number Date of birth        **Bank account details**Name of account holder Name of bank Name of branch Account number Branch code Type of account  Savings  Cheque  Transmission**BENEFICIARY 4**Allocated percentage of benefit  %First name(s) Surname Identity number Date of birth        **Bank account details**Name of account holder Name of bank Name of branch Account number Branch code Type of account  Savings  Cheque  Transmission**BENEFICIARY 5**Allocated percentage of benefit  %First name(s) Surname Identity number Date of birth        **Bank account details**Name of account holder Name of bank Name of branch Account number Branch code Type of account  Savings  Cheque  Transmission**BENEFICIARY 6**Allocated percentage of benefit  %First name(s) Surname Identity number Date of birth        **Bank account details**Name of account holder Name of bank Name of branch Account number Branch code Type of account  Savings  Cheque  Transmission