

### GUIDELINES FOR COMPLETION OF THIS FORM

- This form needs to be completed annually by the parent, a legal guardian or a child who is 18 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 "member" 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 in each section to ensure that you gather all the necessary documents.
- Send the completed application form and all the attachments together by email to GapBPU@oldmutual.com or fax it to 021 509 4669.
- Please contact us by e-mail or fax if you have questions about any aspect of the application. Include your contact details and we will respond as soon as possible.

### SECTION 1

<b>APPLICANT'S DETAILS - complete annually</b>	
Surname	<input type="text"/>
First name(s)	<input type="text"/>
ID number	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cellphone number	<input type="text"/>
Telephone at Work	<input type="text"/>
Home	<input type="text"/>
Email address	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/> Postal code

<b>MEMBER'S DETAILS – complete member details only for the first claim</b>	
Scheme name	<input type="text"/>
Scheme code	<input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
ID number	<input type="text"/>
Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>ATTACHMENTS – submit the following documents with the first claim</b>	
<b>Checklist</b>	<b>Tick</b>
A copy of the applicant's ID, certified by a commissioner of oaths or the police	<input type="checkbox"/>
A copy of the member's death certificate, certified by a commissioner of oaths or the police	<input type="checkbox"/>

### **DECLARATION**

I declare that the above information is complete and correct.

Signature of applicant

Date

## SECTION 2

### CHILDREN

- The Education Guardian covers up to four (4) children of the member.
- To qualify, a child should be younger than 25 and attend an educational institution.
- If the member 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; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

<b>Checklist</b>	<b>Tick</b>
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"><li>• The institution's invoice or statement of account</li><li>• Latest academic results, certified by a commissioner of oaths or the police</li><li>• Details on bursaries, if applicable</li></ul>	

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

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

Male

Female

Academic year at time of member's death

School grade

Year at tertiary institution

#### Attachments – supply the following documents only with the first claim

- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the member passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.
- An affidavit stating the relationship between the child and the member, e.g. biological, adopted or stepchild.

### 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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**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.

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

**Complete these questions only for the first claim after the member’s death**

Date of birth

Gender Male  Female

Academic year at time of member’s death  School grade  Year at tertiary institution

**Attachments – supply the following documents only with the first claim**

- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the member passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.
- An affidavit stating the relationship between the child and the member, e.g. biological, adopted or stepchild.

**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.

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

**Complete these questions only for the first claim after the member’s death**

Date of birth

Gender Male  Female

Academic year at time of member’s death  School grade  Year at tertiary institution

**Attachments – supply the following documents only with the first claim**

- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the member passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.
- An affidavit stating the relationship between the child and the member, e.g. biological, adopted or stepchild.

**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.

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

**Complete these questions only for the first claim after the member’s death**

Date of birth

Gender Male  Female

Academic year at time of member’s death  School grade  Year at tertiary institution

**Attachments – supply the following documents only with the first claim**

- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the member passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.
- An affidavit stating the relationship between the child and the member, e.g. biological, adopted or stepchild.

**DECLARATION**

I declare that the above information is complete and correct.

Signature of applicant

Date