

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

INSTRUCTIONS

- Please complete all questions.
- Attach a copy of the death certificate, certified by a commissioner of oaths or the SAPS.
- When a spouse or child has died, please attach a copy of the marriage certificate, an affidavit or other proof of the deceased's relationship to the member.
- Keep a copy of the completed form for your records.

SCHEME DETAILS

Employer name

Scheme name Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number Date of birth

Date of joining scheme Date of joining employer

Date of death (if applicable)

DECEASED PERSON'S DETAILS - complete only if the deceased is a spouse or child of the member

First name(s)

Surname

Identity number Date of birth

Date of death Relationship to member Spouse Child

PAYMENT DETAILS

Benefit details

Family cover at date of death R

Family cover payable to

Bank account details

In terms of the policy document, the benefit is electronically transferred to the relevant bank account.

Name of account holder

Name of bank Name of branch

Account number Branch code

Type of account Savings Cheque Transmission

Address for confirmation of payment

Contact person

Postal address

Postal code

E-mail address

Telephone: Code Number

DECLARATION AND AUTHORITY TO PAY CLAIM

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

- i. the person whose death gave rise to this claim has in fact died and was a legitimate participant under this scheme; and
- ii. 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.

Signed at this day of 20

Name

Signature

OFFICIAL
COMPANY
STAMP