



**Old Mutual SuperFund
Death Claim - Annexure G
Affidavit - Confirmation of Dependants
(to be completed by a NON-FAMILY MEMBER
- independent third party)**

Please print in block letters using black or blue ink.

PLEASE RETURN THE COMPLETED ANNEXURE AND SUPPORTING DOCUMENTS TO:

Orion

Claims Department
Old Mutual SuperFund-Orion
PO Box 728
Cape Town
8000

Fax: 021 509 5770/1

Evergreen

Claims Department
Old Mutual SuperFund-Evergreen
PO Box 167
Cape Town
8000

Fax: 0860 383 848

Easy Benefit Plan

Claims Department
Old Mutual SuperFund-Easy Benefit Plan
PO Box 167
Cape Town
8000

Fax: 0860 383 848

Protektor

Claims Department
Old Mutual Protektor Preservation Fund
PO Box 1
Mutualpark
7451

Fax: 021 504 9384

DETAILS OF THE DECEASED

Name of participating employer Scheme code

First name(s)

Surname

Date of birth
D D M M Y Y Y Y

DECLARATION BY INDEPENDENT THIRD PARTY

I declare under oath that:

I (full name and surname) ,

Identity number ,

Relationship to the deceased (e.g. friend, doctor, colleague, pastor - NOT A FAMILY MEMBER),

Number of years that I have known the deceased years,

Landline telephone Code No. Cellphone number ,

declare that I am not aware of any biological children whom the deceased may have had, nor am I aware of any financial dependants the deceased may have had other than those listed below.

Full name

Relationship to the deceased

Full name

Relationship to the deceased

Full name

Relationship to the deceased

Full name and surname of Independent Third Party deponent

Signature of deponent

I certify that the deponent acknowledges that he/she knows and understands the content of this affidavit, that he/she has no objection to taking the oath and that he/she considers the oath to be binding on his/her conscience.

Sworn and signed before me at this day of 20

Full name

Official title

**Commissioner of Oaths/Justice of the Peace/Police Officer
(delete which is not applicable)**

Signature

OFFICIAL STAMP