

**Retain a copy for your records (ALL sections to be completed)**

Name of employer

Scheme code

First name(s) of member

Surname of member

Identity number

Date of birth 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name of current employer

Postal address

Code

Telephone number Code  Number

Date from when employed by current employer 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date of death 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Benefit payable to  Fund  Employer  Beneficiary (per nomination form)

*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

Branch code

Account number

**Address to which confirmation of payment should be sent**

Contact person 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

E-mail address

Postal address

Code

Remarks

**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 in fact a legitimate member of the scheme.
- ii) That he/she joined the scheme, or his/her cover commenced on (date) 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 and at the time of his/her death
  - a) Salary 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 that member under the said Scheme.

Signed at  this  day of  20

Signature

Printed name



**Please attach to this form the original death certificate certified by a Commissioner of Oaths or by the SAPS.**