OLDMUTUAL

# RSA BENEFICIARY CLAIM FORM

FOR DEATH/FINAL EXPENSES/ FUNERAL CLAIMS

Policy number

**Please print in block letters using black or blue ink.**

**For all claims questions, call 0860 10 2274 or 27 (0)21 503 1802 weekdays between 08:00 and 18:00 or email service@oldmutual.com**

**To be filled in by the beneficiary or beneficiaries**

Each beneficiary must fill in this form. If there is more than one beneficiary, each beneficiary must fill in a separate form.
If you are also the contact person for a claim, please fill in the CONTACT FORM FOR DEATH/ FINAL EXPENSES/FUNERAL CLAIMS.
To find out exactly what documents you need to provide us with for your claim, please ask for our HOW TO SUBMIT A DEATH CLAIM information page.

## 1. BENEFICIARY DETAILS

Title Mr Ms Mrs Other Initials

First names

Surname

ID number Income tax number

Relationship to the deceased: Family member Executor of estate Other (please explain)

Contact numbers

(Work) Code Number

(Home) Code Number

Fax Code Number

Cellphone number

Email address

Residential address if different to postal address Postal code

Postal address Postal code

## 2. BENEFICIARY BANK ACCOUNT DETAILS

Name of bank

Name of account holder

Branch name Branch code

Account number Account type Current Savings Transmission

Swift/BAN/Sort code (for foreign bank accounts only)

- We pay all claims by EFT into each beneficiary's bank account.
- We don't pay in cash or by cheque.
- If you don't have a bank account, you need to open one.
- The bank account must be in your name.
- We do not pay into third party accounts.
- If you are a minor, you still need a bank account in your name.
- We need you to apply for permission from the South African Reserve Bank before we can pay into a foreign bank account.
- We are not responsible if we pay into an incorrect bank account based on incorrect banking information you gave us.

## 3. DECLARATION OF BENEFICIARY

I confirm that the information I have provided on this form is true and correct to the best of my knowledge. I agree that I cannot hold Old Mutual responsible if any money is paid into an incorrect bank account as a result of any information I have given. I give Old Mutual consent to confirm the information on this form with any other source.

Signed at this day of 20

Signature of beneficiary

**PROTECTION OF PERSONAL INFORMATION (PPI)**

The Old Mutual Group would like to offer you, on-going financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please sms your ID number to 45600 if you would prefer not to receive such information and financial services.

To view our full privacy notice and to exercise preferences, visit our website on www.oldmutual.co.za