



GREENLIGHT

RSA

RETRENCHMENT BENEFIT CLAIM FORM STATEMENT BY LIFE COVERED

Contract number

Grid for contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Grid for intermediary code

Please print in block letters using black or blue ink.

This form is issued without admission of liability and must be completed and signed by the life covered.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Form fields for contact person name, email, and telephone number

IMPORTANT NOTES

The premium must continue to be paid to avoid plan/benefits ceasing.

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with the contract number and intermediary code where applicable:

- Retrenchment Benefit Claim Form by life covered
Retrenchment Benefit Claim Form by employer
Copies of: Notice of Possible Retrenchment, Notice of Retrenchment, Salary slips for 6 months
A certified copy of the life covered's ID and/or contracting party ID if different
Proof of bank details, e.g. cancelled cheque, bank statement not older than 3 months, confirmation on a bank letterhead

There may be further requirements before the claim can be considered.

SECTION 1 DETAILS OF CONTRACTING PARTY

Is the life covered the same person? YES NO

Form fields for title, surname, full names, previous surname, ID/passport number, date of birth, income tax number, residential address, postal address, country of address, contact numbers, and email address

**SECTION 2 DETAILS OF LIFE COVERED (IF DIFFERENT TO CONTRACTING PARTY)**

Title: Mr  Ms  Mrs  Other  Initials

Surname

Full names

Previous surname (if applicable)

ID/Passport number  Date of birth

Income tax number

Residential address  Postal code

Postal address  Postal code

Country of address

Contact number (Work) Code  No.   
 (Home) Code  No.   
 Cellphone number

Email address

**SECTION 3 DETAILS OF BENEFICIARY**

Title: Mr  Ms  Mrs  Other  Initials

Surname/  
Name of institution

Full names/  
Contact person

Previous surname (if applicable)

ID/Passport/Institution registration number  Date of birth

Income tax number

Residential address/  
Physical address of institution  Postal code

Postal address  Postal code

Country of address

Contact number (Work) Code  No.   
 (Home) Code  No.   
 Cellphone number

Email address

**SECTION 4 BANKING DETAILS OF LIFE COVERED (OR BENEFICIARY, IF DIFFERENT)**

Name of bank

Branch name  Branch code

Account holder name

Account number  ID number of account holder

Account holder relationship:  Own account  Joint account  
 Type of account:  Cheque  Savings  Transmission

Contract number



## SECTION 6 INCOME INFORMATION

Please provide full details of your earnings in the 36 months prior to your retrenchment. Include details of any fluctuating income (commission, bonuses, etc.). (Attach copies of your 6 months salary slips prior to retrenchment.)


## SECTION 7 DECLARATION BY LIFE COVERED

### PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

The Old Mutual Group would like to offer you ongoing 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 **30994** if you would prefer not to receive such information and/or financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website            www.justice.gov.za/infoereg/index.html  
 Contact Number   012 406 4818  
 Fax                 086 500 3351  
 Email               infoereg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on [www.oldmutual.co.za](http://www.oldmutual.co.za)

I hereby declare that I am the life covered under the abovementioned contract(s), that all the particulars given are true and complete and that my retrenchment was not caused by the contingencies mentioned in the terms and conditions of the contract(s) in question.

Signed at (place)  on (date) 

D	D	M	M	Y	Y	Y	Y
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Signature of claimant

Signature of witness

### Old Mutual Claim Contact Details:

Email	claims@oldmutual.com	Fax number	0860 60 45 02
Telephone number	RSA: 0860 10 22 74 International: +27 21 503 1802	Address	PO Box 202, Mutualpark 7451, South Africa.

Contract number



Old Mutual is a Licensed Financial Services Provider