



# PROTEKTOR PRESERVATION FUND

OLDMUTUAL

CORPORATE

## DEATH BENEFIT CLAIM FORM

4

## ABOUT THE FINANCIAL DEPENDANTS

**This document provides information about any person the Deceased financially supported apart from spouse and children.**

This document should be completed by:

- parents
- grandparents
- grandchildren,
- siblings (brothers/sisters)
- nephews, nieces, etc.
- anyone else who wishes to make a claim on the basis of financial dependency on the deceased as at the date of death

**A separate document needs to be completed by each person over 18 years of age, or by the person's guardian in case of a Minor.**

**In case you need assistance completing and submitting this document, please contact:**

Protektor Preservation Fund  
 Address PO Box 167, Cape Town 8000  
 Telephone 0860 20 30 40  
 Email [superfunddeaths@oldmutual.com](mailto:superfunddeaths@oldmutual.com)

**PLEASE ATTACH CERTIFIED COPIES OF THE FOLLOWING (WHERE APPLICABLE):**

- Your ID
- Proof of income

For office use only



### DECEASED'S PERSONAL INFORMATION

Please provide the following information as per the Deceased's ID book for reference purposes.

First name(s)

Surname

ID number



### APPLICANT'S PERSONAL INFORMATION

Title  First name(s)

Surname

Date of birth  ID number

Passport number (If no SA ID number)  Passport:   
 Country of issue

Marital status: Single  Life Partner  Engaged  Married  Separated  Divorced

Home address  Postal Code

Postal address  Postal Code

Telephone (Home)\*  Telephone (Work)\*

Cell phone number\*

\*Of guardian in the case of a minor

**IMPORTANT NOTICE: If your provided contact details change, please inform us by contacting Protektor Preservation Fund.**

## ABOUT THE APPLICANT

Please tick the applicable box(es)

**Is the applicant:** Employed  Learner (at school)  Pre-school  Unemployed  Living with a disability   
 Student (at university, college, FET or similar)  Pensioner

Do you have any health problems? Yes  No

If Yes, please provide details (e.g. mental illness, disability, sickness)

**If Living with a disability**, please provide proof of disability (e.g. a letter from a doctor)

Does the applicant receive a Disability Social Grant? Yes  No

**If Yes**, please indicate the amount **R**

Is the applicant able to work despite disability? Yes  No

**If a learner at school**, in which Grade is the child?

**If a student:**

Year of study  Qualification

Who pays for his/her studies?



## LIVING ARRANGEMENTS

Please provide the details of the Deceased's living arrangements

Were you living with the Deceased at the date of death? Yes  No

**If No**, when did you stop living with the Deceased?

**If No**, why weren't you living with the Deceased?

**Please list the details of all of the people who were living in the same household as the deceased at the date of death:**

**(Should the space provided below not be enough, please provide the following information on a separate sheet)**

FULL NAME	RELATIONSHIP TO THE DECEASED (e.g. Spouse, Child, Father, etc.)	ID NUMBER/DATE OF BIRTH



## EMPLOYMENT

### INSTRUCTIONS:

Only children over 18 must complete either the Employed, Unemployed or Pensioner table below, in respect of their current employment status. If the child is a Minor, the Guardian must not complete this table.)

Please **ONLY** fill in **ONE** of the next **THREE** sections:

- Fill in **Section A** if you are currently **EMPLOYED**, OR
- Fill in **Section B** if you are currently **UNEMPLOYED**, OR
- Fill in **Section C** if you are currently a **PENSIONER**



### SECTION A: EMPLOYED

Were you employed at the date of death of the Deceased?

Yes  No

How long have you been employed?  years

Where are you employed? (Company name)

What is your role?  
(e.g. Teacher, Supervisor etc.)

#### Education

What is your level of education?

Did not complete Matric

Matric

Post- Matric Qualification

TOTAL MONTHLY INCOME	TOTAL MONTHLY EXPENSES	TOTAL VALUE OF ASSETS (e.g. total value of car/house/ furniture)	TOTAL VALUE OF DEBTS THAT I HAVE
R	R	R	R

Please tell us how you pay for your expenses if your income is not enough. (e.g. donations from family and friends, debts/loans, or from payouts you received after the death of the Deceased.)



### SECTION B: UNEMPLOYED

Were you employed at the date of death of the Deceased?

Yes  No

Were you employed before?

Yes  No

If yes, how many years were you employed?  years

Where are you employed? (Company name)

What was your role?  
(e.g. Teacher, Supervisor etc.)

#### Education

What is your level of education?

Did not complete Matric

Matric

Post- Matric Qualification

TOTAL MONTHLY INCOME	TOTAL MONTHLY EXPENSES	TOTAL VALUE OF ASSETS (e.g. total value of car/house/ furniture)	TOTAL VALUE OF DEBTS THAT I HAVE
R	R	R	R

Please tell us how you pay your expenses. (e.g. donations from family and friends, debts/loans, or from payouts you received after the death of the Deceased.)



### SECTION C: PENSIONER

Were you employed at the date of death of the Deceased?

Yes  No

Were you employed before?

Yes  No

If yes, how many years were you employed?  years

Where are you employed? (Company name)

What was your role?  
(e.g. Teacher, Supervisor etc.)

Do you receive a State Old Age Pension Grant?

Yes  No

TOTAL MONTHLY INCOME	TOTAL MONTHLY EXPENSES	TOTAL VALUE OF ASSETS (e.g. total value of car/house/ furniture)	TOTAL VALUE OF DEBTS THAT I HAVE
R	R	R	R

Do you have children that are able to support you financially?

Yes  No

Please tell us how you pay your expenses. (e.g. donations from family and friends, debts/loans, or from payouts you received after the death of the Deceased.)



### PAYMENT DETAILS

Please list the benefits and payouts you received after the Deceased's death:

Should the space provided below not be enough, please provide the following information on a separate sheet.

INSURANCE COMPANY	TYPE OF BENEFIT (e.g. Funeral, Life Cover, Investment)	AMOUNT	PAYOUT DATE
		R	
		R	
		R	



### DECLARATION OF FINANCIAL SUPPORT

Did you receive financial support from the Deceased at the date of death

Yes  No

Please explain the reason why the Deceased needed to provide you with financial support.

How did the Deceased financially support you at the time of his/her death? (Please also state the amount of support if it was in the form of money)

How often did the Deceased provide financial support? (If the support was not every month, please tell us how many times you received support in the last 6 months and how much you received each time.)

I confirm that I have proof of such support

Yes  No

(Proof of support may include bank statements if the Deceased paid money into your account.)

If Yes, please provide proof of support.

**Details of the person who can verify that you received financial support from the Deceased at the date of death:**

First name(s)

Surname

ID number

Telephone number

Relationship to the Deceased



**FINANCIALLY DEPENDANT CHILDREN**

Please insert the details of the children who are financially dependant on you in the table below

**Should the space provided below not be enough, please provide the following information on a separate sheet.**

FULL NAME	DATE OF BIRTH	ID NUMBER	BIOLOGICAL MOTHER	BIOLOGICAL FATHER	FINANCIALLY DEPENDANT ON THE DECEASED?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

**I declare that I am the parent/legal guardian of a minor financial dependant of the Deceased, and that:**

i. If a benefit is payable to the minor child, do you have an objection if the benefit is paid into a beneficiary fund? Yes  No

**If you have an objection**, what do you plan to do with the child's benefit so that it is used for your minor child's maintenance needs?

ii. Have you ever been insolvent or blacklisted? Yes  No

iii. Are you currently under debt review? Yes  No

iv. Do you receive a Child Social Grant for your child/ren? Yes  No

How much do you receive? R



**BANKING DETAILS**

Account holder's name

Bank name

Account number

Account type: Cheque  Savings

Branch name

Branch code



## OTHER DEPENDENTS

Should the space provided below not be enough, please provide the following information on a separate sheet.

SPOUSES/EX-SPOUSES/PARTNERS OF THE DECEASED					
Full name(s)	ID number or date of birth	Contact number	Lived with the Deceased?	Financially supported by the Deceased?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CHILDREN THAT WERE FINANCIALLY SUPPORTED BY THE DECEASED (biological children, adopted, foster, grandchildren, nieces, nephews)					
Full name(s)	ID number or date of birth	Contact number*	Lived with the Deceased?	Financially supported by the Deceased?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
PARENTS OF THE DECEASED					
Full name(s)	ID number or date of birth	Alive/deceased	Contact number	Lived with the Deceased?	Financially supported by the Deceased?
<b>Mother</b>					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Father</b>					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
SIBLINGS OF THE DECEASED					
Full name of brother/sister	ID number or date of birth	Relationship to deceased	Contact number*	Lived with the Deceased?	Financially supported by the Deceased?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ANYONE UNRELATED TO THE DECEASED THAT S/HE SUPPORTED FINANCIALLY					
Full name of person	ID number or date of birth	Relationship to deceased	Contact number*	Lived with the Deceased?	Financially supported by the Deceased?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Of Guardian in case of a minor



## DECLARATION

### To be completed by the person who completed the form

I  (full name) declare that:

- I have completed this document truthfully and that the information provided is factually correct according to my knowledge.
- I have not withheld any information which may assist the trustees in identifying the Deceased's dependants nor am I presenting information that may prejudice their discretion in making fair allocations.
- I understand that false information may hinder the trustees from exercising their duties properly and that false information will be seen in a very serious light.

Date

D	D	M	M	Y	Y	Y	Y
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Signed at (Place)

Signature

## FUND MEMBER AND BENEFICIARY PRIVACY NOTICE

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This notice applies to members and beneficiaries of the Protektor Preservation Fund .

The Protektor Preservation Fund may collect, use and share personal information or other information provided by you for the following purposes:

- For the administration of the Protektor Preservation Fund, including administering a member's membership of the Protektor Preservation Fund;
- To determine, process and pay benefits from the Protektor Preservation Fund;
- To provide members with information about offerings that will support and enhance their retirement benefits;
- To provide products or services to you, to carry out the transaction you requested and to maintain our relationship;
- To assess and process claims;
- To conduct credit reference searches or verification;
- To confirm and verify your identity, address or banking details;
- To verify that you are an authorised user for security purposes;
- For maintaining the accuracy of your personal information;
- For operational purposes, and where applicable, credit scoring and assessment and credit management;
- For purposes of claim checks (e.g. the Industry Life and Claims Register);
- For the detection and prevention of fraud, crime, money laundering or other malpractice;
- To trace you where you are uncontactable;
- To conduct market or customer satisfaction research or for statistical analysis;
- For audit and record keeping purposes;
- For social responsibility purposes;
- In connection with legal proceedings;
- To comply with legal and regulatory requirements or industry codes or when otherwise allowed by law.
- Where we believe it is necessary to protect our rights.

The Protektor Preservation Fund may share your personal information with:

- Third parties for the purposes listed above. This, for example, includes credit reference, fraud prevention, law enforcement, tracing agencies, data collection and data enrichment agencies to enrich the information that we have about you in order to improve the administration of a member's membership and to communicate more effectively;
- The Old Mutual Group for purposes listed above, or when it is believed it will enhance the services and products that can be offered to a member, but only where the member has not objected to such sharing.
- Your intermediary/broker/financial adviser (when applicable), 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;
- Other insurers, retirement funds and retirement annuity funds to obtain claim related information.

You agree that we may view, search and update your information and you further agree we may, where required, process your special personal information (and share this information with relevant third parties) in order to achieve a purpose set out above.

You warrant that when you give us personal information about third parties, this information is accurate and correct, and you have received their permission to share their personal information with us. You confirm that if you are giving consent for a person under 18 (a minor) you have the required authority to do so.

We may transfer your personal information to another country for processing or storage. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

You may access the personal information that we hold about you and may also request us to correct any errors or, under certain circumstances request us to delete this information. In certain circumstances, you have the right to object to the processing of your personal information. To do this, simply contact us at the numbers/addresses listed below and specify what information you would like or if you have any questions about this Notice, please contact us at:

Member Call Centre: 0860 20 30 40

Email: [ProtektorEnquiriesComplaints@oldmutual.com](mailto:ProtektorEnquiriesComplaints@oldmutual.com)

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

<https://inforegulator.org.za/>

General enquiries: [enquiries@inforegulator.org.za](mailto:enquiries@inforegulator.org.za)

Complaints: [POPIAComplaints@inforegulator.org.za](mailto:POPIAComplaints@inforegulator.org.za)

You can also view our full Privacy Notice [here](#).

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<sup>1</sup> In this Notice "Protektor Preservation Fund" refers to the Protektor Preservation Pension and Provident Funds.

