



## DEATH BENEFIT CLAIM FORM

# 8

## CONFIRMATION OF DEPENDANTS

**This document must be completed by a person who knew the deceased personally, and who is not a family member. (e.g. friend, neighbour or colleague.)**

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

Old Mutual SuperFund  
Address PO Box 728, Cape Town 8000, South Africa.  
Telephone 0860 203 040  
Email [superfunddeaths@oldmutual.com](mailto:superfunddeaths@oldmutual.com)



### DECEASED'S PERSONAL INFORMATION

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

First name(s)

Surname

ID/Passport number



### ABOUT THE PERSON COMPLETING THIS FORM

First name(s)

Surname

ID/Passport number

Relationship to Deceased?

Telephone number

Email address

**IMPORTANT NOTICE: If your provided contact details change, please inform us by contacting Old Mutual SuperFund.**

Do you have personal knowledge of the Deceased's dependants? Yes  No

How long have you known the Deceased?  years

What was the cause of death? Natural causes  Unnatural causes

If unnatural, please tell us how the Deceased died.

Is there any suspicion or probability of family involvement in the death of the deceased? Yes  No

Is the Deceased's mother still alive? Yes  No

Is the Deceased's father still alive? Yes  No

For office use only



## WHO ARE DEPENDANTS

**IN PENSION/PROVIDENT FUNDS, THE DEATH BENEFIT IS NOT PAID ACCORDING TO THE NOMINATIONS MADE BY THE DECEASED DURING HIS LIFETIME. ACCORDING TO LAW, THE TRUSTEES OF THE FUND HAVE A DUTY TO IDENTIFY ALL THE DEPENDANTS OF THE DECEASED AND ALLOCATE THE DEATH BENEFIT AFTER TAKING EACH PERSON'S DEPENDENCY AND FINANCIAL SITUATION INTO ACCOUNT.**

### PERSONS WHO QUALIFY AS DEPENDANTS ARE DESCRIBED AS FOLLOW:

- A spouse, who concluded a customary marriage, civil marriage, registered civil union or marriage in accordance with a widely recognised religion
- Children (biological, legally adopted and children born outside of marriage).
- Anyone proven to be have been financially supported and dependent on the Deceased at date of death.
- Anyone to whom the Deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children).



## DECEASED'S DEPENDENTS

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

OTHER 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 OF THE DECEASED (biological children, adopted children, foster children)					
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"/>	
			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?
Mother				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Father				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Of Guardian in case of a minor



## DECEASED'S DEPENDENTS (CONTINUED)

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 ELSE THAT THE DECEASED 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

Signed at (Place)

Signature

## FUND MEMBER AND BENEFICIARY PRIVACY NOTICE

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This notice applies to members and beneficiaries of the Old Mutual SuperFund .

Old Mutual SuperFund may collect, use and share personal information or other information provided by you for the following purposes:

- For the administration of the Old Mutual SuperFund, including administering a member's membership of the Old Mutual SuperFund;
- To determine, process and pay benefits from the Old Mutual SuperFund;
- 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;
- For underwriting purposes;
- 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. Old Mutual SuperFund 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.
  - A member's employer (its intermediary/broker), 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:

SuperFund Service Centre: 0860 20 30 40

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

You have the right to complain to the Information Regulator, whose contact details are: <https://info regulator.org.za/>

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

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

You can also view our full **Privacy Notice here**.

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<sup>1</sup>In this Notice "Old Mutual SuperFund" refers to the Old Mutual SuperFund Pension and Provident Funds.

