

GUIDELINES FOR COMPLETION OF THIS FORM

The following guidelines will help Old Mutual Group Assurance to process your claim quickly and accurately:

1. These claim forms can be completed upon the death of an employee, for the employee's Educate-A-Child benefit.
2. Complete the application form fully and in detail as it gives us important information.
3. Write your answers in clear black or blue block letters so that it is easy to read.
4. If the form is completed electronically, please print, sign, stamp and scan the form to send to us.
5. Use the checklist below to ensure that you hand in all the necessary documents.

Documents required	Tick
Copy of death certificate, certified by a Commissioner of Oaths or the SAPS · If a handwritten abridged death certificate is submitted, this must be accompanied by a letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided.	
Notice of Death/stillbirth form (DHA 1663/BI 1663)	
Police report for unnatural/accidental deaths	
Certified copy of employee's identity document	
Employee's latest payslip	
Latest Educate-A-Child beneficiary nomination form, as completed by member	
Claim form completed by the authorised representative of the employer	

Submit the form electronically, by fax or post:

Email gapdeathclaims@oldmutual.com
 Fax 021 509 4669
 Address Group Assurance
 Death Claims Team (6J)
 Old Mutual
 PO Box 2386
 Cape Town
 8000

You are welcome to contact us at 021 509 4351 should you require assistance with completing and submitting this form.

References in this application form to "Old Mutual Group Assurance" actually refer to "Old Mutual Life Assurance Company (South Africa) Limited".

PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The Old Mutual Group may use, share or obtain personal information (including criminal and/or health information) for the following purposes:

- Underwriting
- Assessment and processing of claims
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- Verification of personal information (including identity, address and banking details)
- Updating member/lives assured personal information
- Claims checks (Industry Life and Claims Register(s))
- Tracing beneficiaries
- Tracing you where you are uncontactable
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice
- Market or customer satisfaction research or statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements and in connection with legal proceedings
- 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 personal information.

You agree that Old Mutual may view, search and update your information.

All members/beneficiaries may access their personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases they have the right to object to the processing of their personal information.

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

Website: www.justice.gov.za/inforeg/index.html
 General enquiries: enquiries@inforegulator.org.za
 Complaints: POPIAComplaints@inforegulator.org.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za/privacy-policy/

SCHEME DETAILS

Scheme name

Scheme code

Employer name

EMPLOYEE DETAILS

First name(s)

Surname

Identity number

Date of birth

Date of joining employer

Date of joining scheme

Employee date of death

Main cause of death

Was the employee a member of a registered Retirement Fund at date of death Yes No

If yes, what was the registered name of the Retirement Fund

OPTIONS FOR PAYMENT ARE:

- To Trust partner: we will receive this instruction via Beneficiary Nomination form
- To Developmental Fund: we will receive this instruction via Beneficiary Nomination form
- Estate: instruction either via Beneficiary Nomination form, or via lack of one.

Is the latest Beneficiary Nomination form completed by the member attached in this claim submission? Yes No

We will process payment according to the instruction included in the attached Beneficiary Nomination form. If no beneficiary form is provided, we will process payment to the employee's estate

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

I, the undersigned, in my capacity as and duly authorised to make this declaration, hereby declare:

- That the information provided in this claim is true and correct, and that no information has been omitted or withheld.
- That the insured person whose death gave rise to this claim has in fact died.
- That payment of the proceeds, due in respect of the above insured person in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Group Assurance's liability in respect of this insured person.

I indemnify Old Mutual Group Assurance against any claim that may arise from any incorrect information provided in this form.

I hereby instruct Old Mutual Group Assurance to pay the Educate-A-Child benefit according to the beneficiary nomination forms attached.

Signed at on this day of 20

First name(s)

Surname

Telephone number code number

Email address

Signature

