

Please print in block letters using black or blue ink.

PLEASE RETURN THE COMPLETED ANNEXURE AND SUPPORTING DOCUMENTS TO:

Old Mutual Corporate

Mutual Tower
Floor 9
Windhoek

Fax: 061 299 3728 or 061 299 3729
Tel: 061 299 3627 or 061 299 3277
Email: NAM-EBMemberServices@oldmutual.com

If you need assistance with the completion of the form, please contact us at the contact details provided above.
If more space is required, please make copies before completing this form.

A. DETAILS OF THE DECEASED

Name of Fund Orion Namibia Protoktor Namibia

Name of participating employer (Orion only)

Full name(s)

Surname

Date of birth

 Date of death

B. DECLARATION BY PERMANENT LIFE PARTNER

I declare under oath that:

I, (full name(s) and surname)

Identity number

Residential address

Postal address

Telephone number

 Cellphone number

Email address

1. I understand that the Trustees of the Fund have a duty to distribute the benefits of the deceased, who was a Member of the Fund before death, in terms of Section 37C of the Pension Funds Act 24 of 1956 (as amended). I make this declaration to enable the Trustees to establish my financial dependency on the deceased at the date of his/her death.
2. I accept that the Trustees of the Fund have the final discretion to determine how the benefits must be distributed, and that this declaration does not entitle me to the full or part of the benefits payable by the Fund.
3. I was fully/partly (delete where not applicable) financially dependent on the deceased at the time of his/her death, for the following reasons.

- 3.1 At time of death the deceased and I lived together as
- 3.2 Regarding my relationship with the deceased, I declare the following additional information:
- 3.3 Our relationship lasted for

 years and

 months and we did/did not (delete where not applicable) share a household.

4. The deceased and I lived together at the following address:

Residential address

We lived at this address for

 years.

Full names and surname of the owner(s) of residential property

5. At the date of death of the deceased our financial circumstances and arrangements were as follows:

5.1	My income from all sources		The deceased's income from all sources	
	Salary – Gross	N\$ _____	Salary – Gross	N\$ _____
	Salary – Nett	N\$ _____	Salary – Nett	N\$ _____
	Maintenance	N\$ _____	Maintenance	N\$ _____
	Pension/Investment/Rent/Other (underline where applicable)	N\$ _____	Pension/Investment/Rent/Other (underline where applicable)	N\$ _____
	Total	N\$ _____	Total	N\$ _____
5.2	I paid or contributed towards the following expenses		The deceased paid or contributed towards the following expenses	
	Bond Repayments/Rent	N\$ _____	Bond Repayments/Rent	N\$ _____
	Medical Aid	N\$ _____	Medical Aid	N\$ _____
	Pension/Provident Fund	N\$ _____	Pension/Provident Fund	N\$ _____
	Groceries	N\$ _____	Groceries	N\$ _____
	School Fees	N\$ _____	School Fees	N\$ _____
	Municipal Account	N\$ _____	Municipal Account	N\$ _____
	Other Accounts	N\$ _____	Other Accounts	N\$ _____
	Please list all other expenses below:		Please list all other expenses below:	
	_____	N\$ _____	_____	N\$ _____
	_____	N\$ _____	_____	N\$ _____
	_____	N\$ _____	_____	N\$ _____
	Total	N\$ _____	Total	N\$ _____

5.3 Please enclose copies of your and the deceased's proof of income as at date of death.

6. The information requested below is important because the Trustees of the Fund need, in accordance with legislation, to determine whether you and the deceased were permanent life partners, and as to the degree of your dependency on the deceased. You are required to provide full and detailed information, in your own words, with motivation, which would substantiate your claim that you and the deceased were permanent life partners.

6.1 Were any children born from, or adopted by you and the deceased during your relationship as permanent life partners? YES NO
If "YES", please supply us with full details of the children.

6.2 If you and the deceased had previously been married to and divorced from each other, what were the reasons for the divorce and your subsequent life partnership?

6.3 Did you and the deceased enter into any written agreement providing for the material, financial and/or other consequences of your relationship? If "YES", please supply us with a copy of the agreement. YES NO

If "NO", please provide us with an explanation regarding why this was not done.

6.4 Did you and the deceased have any ceremony akin to a wedding to affirm your relationship? If "YES", please provide proof. YES NO

6.5 Were you and the deceased engaged at the time of death? If "YES", when was this announced and to whom?

YES NO

If "NO", please provide us with an explanation regarding why this was not done.

6.6 What are the reasons for you and the deceased not entering into a civil marriage, common law marriage or civil partnership?

6.7 Did the deceased leave a valid will in terms whereof you are named as an heir? If "YES", please supply us with a copy of the will. YES NO

6.8 Did you and the deceased share expenses in respect of a home loan or rent? If "YES", please supply us with full details in 5.2 above. YES NO

6.9 Did you and the deceased jointly own the property where you resided at the date of death? If "YES", please supply us with documentary proof thereof. YES NO

6.10 Were you a dependant on the deceased's medical aid (or vice versa)? If "YES", please supply us with the statement signed by you and the deceased wherein your life partnership was declared to the medical aid. YES NO

6.11 Were you a nominated beneficiary on the deceased's pension or provident fund (or vice versa)? If "YES", please attach documentary proof thereof, if available. YES NO

6.12 Have you and the deceased taken out life assurance policies on each others' lives, or are you named as beneficiaries on each others' policies? If "YES", please supply us with proof thereof. YES NO

6.13 Did you and the deceased have a joint bank account, or did you regularly transfer funds between your respective bank accounts? If "YES", please provide proof thereof. YES NO

6.14 Please furnish the name, contact details and relationship to the deceased of at least 1 (one) family member of the deceased who can confirm having knowledge, and being aware of you having been the permanent life partner of the deceased at the time of death.

Name and surname

Telephone number Relationship to the deceased

The 1 (one) family member mentioned in item 6.14 to supply us with a sworn affidavit wherein he/she address the following:

- Was the deceased's relationship with the life partner confirmed to them by both life partners?
- Was the permanence of the relationship confirmed to them by both life partners?
- How was this confirmed?
- When was this confirmed?

C. SWORN DECLARATION

- The Trustees have a legal duty in terms of Section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the deceased Member, and the Act provides the Trustees with a discretion to allocate death benefits available under the Fund and/or Fund policies to dependants of the deceased and/or nominees of the deceased.
- Please ensure that all information, including details of your income, expenditure, means and assets, and your relationship with the deceased, as requested by this form including all of its Annexures, are fully and accurately recorded to assist the Trustees in making a fair and appropriate allocation of death benefits.
- Please note further that the Trustees may find it necessary to submit for comment and input, the information provided by you to other dependants, nominees of the deceased or independent third parties to verify the information provided, when conflicting information is received or should it be necessary to establish the facts.

N.B.: Any misrepresentations, either provided or omitted, will be viewed in a serious light, and will prejudice your prospects of receiving any allocation of the death benefits or part thereof.

I, declare under oath that the

information in this annexure, and in the supporting documents that I have signed, is true and correct, and indemnify the Fund and Old Mutual Namibia against any claim that may arise from any incorrect or false information provided on this form.

Signed at this day of 20

Signature of potential dependant

Signed in front of me, the deponent having stated that he/she knows and understands the contents of this affidavit, that he/she has no objections to this oath, and that he/she considers the oath binding on his/her conscience.

Full name(s) and surname

Signature of Commissioner of Oaths

Designation

OFFICIAL STAMP

Address



Old Mutual is a Licensed Financial Services Provider