ORION FAMILY BENEFIT CLAIM FORM

ALL sections to be completed together with supporting documents to be emailed to nam-csorionclaims@oldmutual.com

CONTACT NUMBERS

Call Centre: 081 956 1013
Email: nam-csorionclaims@oldmutual.com

REQUIRED DOCUMENTS CHECKLIST

☐ An original certified Death Certificate (certified by a Commissioner of Oaths or by the SAP)

☐ Proof of relationship to member i.e. marriage certificate or sworn affidavit.

SECTION 1: FUND DETAILS

Participating employer

Fund code

Employer name

SECTION 2: MEMBER PERSONAL DETAILS (complete only if the deceased is not the member)

Title: Mr ☐ Mrs ☐ Ms ☐ Other Initials

Surname

Date of birth D D M M Y Y Y Y

ID/Passport number

Relationship to member

Date of death D D M M Y Y Y Y

SECTION 3: FAMILY BENEFIT PAYABLE TO:

The benefit will be electronically transferred to the relevant bank account.

Bank Account Details

Account holder's full name

Account number Type of account: Savings ☐ Current ☐ Transmission ☐

Bank name Branch name Branch code

Address to which confirmation of payment should be sent:

Contact person

Postal address

SECTION 4: DECLARATION AND AUTHORITY TO PAY CLAIM

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

- That the person whose death gave rise to this claim has in fact died and was in fact a legitimate participant in the fund.
- That payment of the proceeds due in respect of the above member in terms of the aforementioned fund shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of that member under the said fund.

Signed at: this day of 20

Signature

Print name

OFFICIAL COMPANY STAMP