



PROTEKTOR PRESERVATION FUND

OLDMUTUAL

CORPORATE

DEATH BENEFIT CLAIM FORM

7

CONFIRMATION OF DEPENDANTS BY A 3RD PARTY

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:

Protektor Preservation Fund
Address PO Box 167, Cape Town 8000
Telephone 0860 20 30 40
Email 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 Protektor Preservation Fund.

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

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

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

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

General enquiries: enquiries@inforegulator.org.za

Complaints: POPIAComplaints@inforegulator.org.za

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

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

