



PROTEKTOR PRESERVATION FUND

OLDMUTUAL

CORPORATE

DEATH BENEFIT CLAIM FORM

2

ABOUT THE SPOUSE/LIFE PARTNER/EX-SPOUSE/GUARDIAN

This document provides us with your information and should be completed by either the:

- **Spouse** (husband or wife) of the Deceased
- **Permanent Life Partner** of the Deceased
- **Ex-Spouse** of the Deceased
- **Guardian** of one or more children of the Deceased

Each person in the aforementioned categories must complete a separate document. For example:

- If the Deceased had more than one Spouse at date of death, each Spouse should complete another one of these forms
- If the Deceased was divorced, and someone else is acting as the Guardian of the children, then the Ex-Spouse and the Guardian should each complete another one of these forms

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

PLEASE ATTACH CERTIFIED COPIES OF THE FOLLOWING (WHERE APPLICABLE):

- Your ID
- **Proof of your marriage** to the Deceased (e.g. a copy of your marriage certificate, Lobola certificate or confirmation by a traditional or religious leader)
- **Proof of your divorce** from the Deceased
- **Proof of legal appointment as Guardian**
- **Proof of income** in the form of a salary advice slip
- **Information about all your assets** (e.g. bank accounts, cash, property, motor vehicles, house contents, investments, policies, etc.)



For office use only



DECEASED'S PERSONAL INFORMATION

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

First name(s)

Surname

ID number



DETAILS OF PERSON COMPLETING THIS FORM

Title First name(s)

Previous Surname (if applicable)

Relationship to Deceased: Spouse Life Partner Ex-Spouse Child/ren's Guardian

Date of birth ID number

Passport number (If no SA ID number) Passport: Country of issue

Home address Postal Code

Postal address Postal Code

Telephone (Home) Telephone (Work)

Cell phone number

Email

IMPORTANT NOTICE: If your provided contact details change, please inform us by contacting Protektor Preservation Fund.



MARRIAGE DETAILS

Please **ONLY** fill in **ONE** of the next **FOUR** sections:

- Fill in **Section A** if you are currently **SPOUSE**, OR
- Fill in **Section B** if you are currently **EX SPOUSE** OR
- Fill in **Section C** if you are currently **LIFE PARTNER** OR
- Fill in **Section D** if you are currently **CHILDREN GUARDIAN**



SECTION A : **SPOUSE** (please **ONLY** complete this section if you were **married to** the Deceased **at the date of death**)

When did your relationship with the deceased start?

Date of Marriage:

Marriage type (Please tick the applicable box):

- Civil, in Community of Property** (i.e. The marriage was conducted by a marriage officer (who can also be a minister of religion), but there is no Ante-Nuptial Contract.)
- Civil, with Ante-Nuptial Contract** (i.e. The marriage was conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract.)
- Civil Union Partnership** (i.e. A marriage or partnership registered in terms of the Civil Union Act.)
- Customary Union** (i.e. A marriage negotiated, celebrated, or concluded according to any of the systems of indigenous African customary law which exist in South Africa)
- Religious Union** (i.e. A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.)

If married by Religious Union:

In terms of which religion were you married?

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader)

If married by Customary Union:

Is there a Lobola Letter? Yes No

Was it signed by both of your families? Yes No

Was a ceremony held to affirm your marriage? Yes No

Details of person who can Verify that Customary Union took place:

First name(s)

Surname

ID number

Telephone number

Relationship to the Deceased



SECTION B: EX-SPOUSE (please **ONLY** complete this section if you were **divorced from** the Deceased **at the date of death**)

Date of Marriage with the deceased:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of Divorce:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Have you remarried after Divorce?

Yes No

If No, if not remarried, are you living with a new partner?

Yes No

Divorce Agreement Details

Was the Deceased ordered to pay spousal maintenance according to the Divorce Order and Agreement?

Yes No

If Yes, please provide a copy of the Divorce Order and Agreement.

Was the Deceased ordered to pay an amount to you from the Deceased's retirement fund benefit?

Yes No

If Yes, please provide a copy of the Divorce Order and Agreement.

If yes, was the portion of the deceased's retirement fund benefit paid at date of divorce?

Yes No

If Yes, please provide amount: R

Payment date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child Maintenance Details

Was the Deceased ordered to pay child maintenance according to the Divorce Order and Agreement

Yes No

If Yes, please provide details:

Was any maintenance claim submitted to the Deceased's Estate

Yes No

If Yes, please provide details:



SECTION C: LIFE PARTNER (please **ONLY** complete if you were in a **relationship** with the Deceased **at the date of death**)

When did your relationship with the deceased start?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Details of the person who can verify that you were in a relationship with the Deceased at the date of death:

First name(s)

Surname

ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone number

Relationship to the Deceased



SECTION D: DECEASED CHILD/REN'S GUARDIAN

(please **ONLY** complete if you were appointed as **Guardian** to the Deceased's child/ren)

Were you appointed as Guardian to the Deceased's child/ren?

Yes No

If Yes, please provide the reason the child/ren isn't/aren't in the biological parent's care?



EMPLOYMENT

Please **ONLY** fill in **ONE** of the next **TWO** sections:

- Fill in **Section E** if you are currently **EMPLOYED**, OR
- Fill in **Section F** if you are currently **UNEMPLOYED**



SECTION E: EMPLOYED

Were you employed at the date of death of the Deceased?

Yes No

How long have you been employed? years

Where are you employed? (Company name)

What is your role?
(e.g. Teacher, Supervisor etc.)

Education

What is your level of education?

Did not complete Matric

Matric

Post-Matric Qualification

TOTAL MONTHLY INCOME	TOTAL MONTHLY EXPENSES	TOTAL VALUE OF ASSETS (e.g. total value of car/house/ furniture)	TOTAL VALUE OF DEBTS THAT I HAVE
R	R	R	R

Please tell us how you pay for your expenses if your income is not enough. (e.g. donations from family and friends, debts/loans, or from payouts you received after the death of the Deceased.)



SECTION F: UNEMPLOYED

Were you employed at the date of death of the Deceased?

Yes No

Were you employed before?

Yes No

If Yes, how many years were you employed? years

Where were you employed (Company name)

What was your role?
(e.g. Teacher, Supervisor etc.)

Education

What is your level of education?

Did not complete Matric

Matric

Post-Matric Qualification

TOTAL MONTHLY INCOME	TOTAL MONTHLY EXPENSES	TOTAL VALUE OF ASSETS (e.g. total value of car/house/ furniture)	TOTAL VALUE OF DEBTS THAT I HAVE
R	R	R	R

Please tell us how you pay your expenses. (e.g. donations from family and friends, debts/loans, or from payouts you received after the death of the Deceased.)



PAYMENT DETAILS

Please list the benefits and payouts you received after the Deceased's death:

INSURANCE COMPANY	TYPE OF BENEFIT (e.g. Funeral, Life Cover, Investment)	AMOUNT	PAYOUT DATE
		R	
		R	
		R	
		R	
		R	
		R	
		R	
		R	



DECLARATION OF FINANCIAL SUPPORT

I received financial support from the Deceased at the date of death?

Yes No

Please explain the reason why the deceased needed to provide you with financial support at the time of his/her death?

How did the Deceased financially support you at the time of his/her death? (Please also state the amount of support if it was in the form of money)

How often did the Deceased provide financial support? (If the support was not every month, please tell us how many times you received support in the last 6 months and how much you received each time.)

I confirm that I have proof of such support
(Proof of support may include bank statements if the Deceased paid money into your account.)

Yes No

If Yes, please provide proof of support.

Details of the person who can verify that you received financial support from the Deceased at the date of death:

First name(s)

Surname

ID number

Telephone number

Relationship to the Deceased



ABOUT THE CHILDREN

Please confirm by marking either Yes or No.

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

CHILD'S FULL NAMES	ID NUMBER OR DATE OF BIRTH	ARE YOU FINANCIALLY RESPONSIBLE FOR THE CHILD?	IS THE CHILD LIVING WITH YOU?	DID THE DECEASED SUPPORT THE CHILD FINANCIALLY?	DID THE CHILD LIVE WITH THE DECEASED AT THE DATE OF DEATH?
CHILDREN I HAD WITH THE DECEASED (Biological)					
		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"/>	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"/>
OTHER CHILDREN OF THE DECEASED (Biological, adopted, foster children)					
		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"/>	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 MY OWN THAT ARE NOT THE DECEASED'S CHILDREN (Stepchildren)					
		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"/>	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"/>

I declare that I am the parent/legal guardian of a minor financial dependant of the Deceased, and that:

i. If a benefit is payable to the minor child, do you have an objection if the benefit is paid into a Beneficiary Fund? Yes No

If you have an objection, what do you plan to do with the child's benefit so that it is used for your minor child's maintenance needs?

ii. Have you ever been declared insolvent or blacklisted? Yes No

iii. Are you currently under debt review? Yes No

iii. Do you receive a Child Social Grant for your child/ren? Yes No

How much do you receive? R



DETAILS OF OTHER DEPENDANTS OF THE DECEASED

(Only children over the age of 18 must complete table below. Please confirm by either marking Yes or No where applicable.)

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

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"/>	
OTHER CHILDREN THAT MAY QUALIFY AS A DEPENDANT (grandchildren, nieces, nephews)					
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"/>	
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"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 THAT ARE NOT FAMILY					
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

D	D	M	M	Y	Y	Y	Y
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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.

