ORION DEATH FORM

Completed form together with supporting documents to be emailed to nam-csriskbenefits@oldmutual.com.

CONTACT NUMBERS

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

REQUIRED DOCUMENTS CHECKLIST

- ☐ Copy of ID/Passport of the deceased
- ☐ Copies of IDs/Passports of beneficiaries - spouse, children etc.
- ☐ Death certificate (original certified copy)
- ☐ Copies of Nomination of Beneficiary forms
- ☐ Proof of continued education in the case of eligible children over the age of 18 but under age 23 who are full time students
- ☐ Medical certificate, in the case of a child over the age of 18 and totally incapacitated
- ☐ Proof of age of nominated beneficiary
- ☐ Certificate of solvency should the benefit be paid to an estate
- ☐ Copy of the trust deed, if benefits are to be paid to a trust fund
- ☐ Bank confirmation letter of major beneficiaries
- ☐ Tax registration certificate of deceased
- ☐ Marriage certificate (where applicable)

SECTION 1: EMPLOYER AND FUND DETAILS

Fund's name

Employer's name

SECTION 2: MEMBER DETAILS

Member number

Title: Mr ☐ Mrs ☐ Ms ☐ Other Initials

First name(s)

Surname

Date of birth D D M M Y Y Y Y

ID/Passport number

Residential address

Postal address

Cellphone number Alternative telephone number

Email address

Tax number

Tax office

Please ensure that all tax returns are submitted and assessed on the NAMRA Integrated Tax Administration System (ITAS)

SECTION 3: CONTRIBUTION DETAILS

Date of exit D D M M Y Y Y Y

Date of last contribution D D M M Y Y Y Y

Amount of last contribution by member **N$**

Amount of last contribution by employer **N$**

SECTION 4: DEATH DETAILS

Is death due to an accident? Yes ☐ No ☐

Details of dependants and beneficiaries

Names of dependants and nominated beneficiaries	Relationship to deceased	ID number	Allocation of benefit (or date of birth)

SECTION 5: DECLARATION BY EMPLOYER (AUTHORISED SIGNATORY)

I certify that all particulars furnished in this form and accompanying documentation are true and correct. The options in terms of the Rules of the Fund have been fully explained to the member (or member beneficiaries).

Signed at _____ this _____ day of _____ 20 _____

Full name _____

Telephone number _____

Email address _____

Designation _____

Signed on behalf of the employer

OFFICIAL COMPANY STAMP

ORION REAL ANSWERS TO REAL NEEDS

OLDMUTUAL