

GUIDELINES FOR COMPLETION OF THIS FORM

The following guidelines will help Old Mutual Group Assurance to process your claim quickly and accurately:

- This form needs to be completed annually by the parent, a legal guardian or a child who is 18 years or older
- Please answer all questions in detail and attach the required documents, as the assessment of the claim depends on this information
- Note that "employee" refers to the insured person who passed away
- Use the checklist below to ensure that you hand in all the necessary documents

Submit the form electronically, by fax or post:

Email gapdeathclaims@oldmutual.com
Fax 021 509 4669
Address Group Assurance: Death Claims Team (6J)
Old Mutual
PO Box 2386
Cape Town 8000

You are welcome to contact us at 021 509 4351 should you require assistance with completing and submitting this form.

PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The Old Mutual Group may use, share or obtain your personal information (including criminal and/or health information) for the following purposes:

- Underwriting
- Assessment and processing of claims
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- Verification of personal information (including your identity, address and banking details)
- Updating your personal information
- Claims checks (Industry Life and Claims Register(s))
- Tracing beneficiaries
- Tracing you where you are uncontactable
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice
- Market or customer satisfaction research or statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements and in connection with legal proceedings.
- Sharing information with 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.

You agree that Old Mutual may view, search and update your information.

All members/beneficiaries may access their personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases they have the right to object to the processing of their personal information.

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

Website: www.justice.gov.za/inforeg/index.html

General enquiries: enquiries@inforegulator.org.za

Complaints: popiacomplaints@inforegulator.org.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za/privacy-policy/

SECTION 1

APPLICANT'S DETAILS - complete annually

Surname

First name(s)

ID number

Date of birth

D	D	M	M	Y	Y	Y	Y
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Cellphone number

Telephone number (Work)

(Home)

Email address

Postal address

Postal code

ATTACHMENTS - submit the following documents with the first claim

Checklist	Tick
A copy of the applicant's ID, certified by a commissioner of oaths or the police	<input type="checkbox"/>

EMPLOYEE'S DETAILS - complete employee details for the first claim only

Scheme name

Scheme code

Surname

First name(s)

ID number

Date of death

D	D	M	M	Y	Y	Y	Y
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DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 2

CHILDREN

- The Education Guardian benefit covers up to four (4) children of the employee
- To qualify, a child should be younger than 25 years and attend a South African registered educational institution
- If the employee had more than four children, complete the application form for the eldest four children who qualify

Details of Child 1 - complete annually	
Surname	<input style="width: 85%;" type="text"/>
First name(s)	<input style="width: 95%;" type="text"/>
For which academic year is this claim?	School grade <input style="width: 50px;" type="text"/> Year at tertiary institution <input style="width: 50px;" type="text"/>
Details of Educational Institution - complete annually	
Name	<input style="width: 95%;" type="text"/>
Telephone number	<input style="width: 50%; border: 1px solid black;" type="text"/>
Email address	<input style="width: 95%;" type="text"/>
Postal address	<input style="width: 95%;" type="text"/>
	Postal code <input style="width: 150px;" type="text"/>
Attachments - supply the following documents annually	
Note that all invoices should include the relevant banking details; telephone number; email address or fax number. If these details are not included, please attach the institution's bank and contact details separately.	
Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	<input type="checkbox"/>
For students at a tertiary institution, attach all these documents:	<input type="checkbox"/>
<ul style="list-style-type: none"> • The institution's invoice or statement of account • Latest academic results, certified by a commissioner of oaths or the police • Details on bursaries, if applicable 	<input type="checkbox"/>

Complete these questions only for the first claim after the employee's death	
Date of birth	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Gender:	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>
Academic year at time of employee's death:	School grade <input style="width: 50px;" type="text"/> Year at tertiary institution <input style="width: 50px;" type="text"/>
Attachments - supply the following documents only with the first claim	
<ul style="list-style-type: none"> • Certified copy of the child's unabridged birth certificate/adoption certificate/identity document • Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available) • An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included 	

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

Details of Child 2 - complete annually

Surname

First name(s)

For which academic year is this claim? School grade Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone number

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none">• The institution's invoice or statement of account• Latest academic results, certified by a commissioner of oaths or the police• Details on bursaries, if applicable	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender: Male Female

Academic year at time of employee's death: School grade Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available)
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

Details of Child 3 - complete annually

Surname

First name(s)

For which academic year is this claim? School grade Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none">• The institution's invoice or statement of account• Latest academic results, certified by a commissioner of oaths or the police• Details on bursaries, if applicable	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender: Male Female

Academic year at time of employee's death: School grade Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available)
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

Details of Child 4 - complete annually

Surname

First name(s)

For which academic year is this claim? School grade Year at tertiary institution

Details of Educational Institution - complete annually

Name

Telephone

Email address

Postal address

Postal code

Attachments - supply the following documents annually

Note that all invoices should include the relevant banking details; telephone number; e-mail address or fax number. If these details are not included, please attach the institution's bank and contact details separately.

Checklist	Tick
For children at school, attach the school's invoice for the relevant annual school fees.	
For students at a tertiary institution, attach all these documents: <ul style="list-style-type: none">• The institution's invoice or statement of account• Latest academic results, certified by a commissioner of oaths or the police• Details on bursaries, if applicable	

Complete these questions only for the first claim after the employee's death

Date of birth

Gender: Male Female

Academic year at time of employee's death: School grade Year at tertiary institution

Attachments - supply the following documents only with the first claim

- Certified copy of the child's unabridged birth certificate/adoption certificate/identity document.
- Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available).
- An invoice from the institution, reflecting all the fees already paid and still due for the year in which the employee passed away. If the child qualified for reduced fees or a bursary, the relevant details must be included.

DECLARATION

I declare that the above information is complete and correct.

Signature of applicant

Date

