



DEATH BENEFIT CLAIM FORM

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ABOUT THE DECEASED

This document must be completed by the spouse/life partner, a close family member or any other person with personal knowledge of the Deceased's circumstances.

In case you need assistance completing and submitting this document, please contact:

Old Mutual SuperFund
Address PO Box 728, Cape Town, 8000, South Africa
Telephone 0860 203 040
Email superfunddeaths@oldmutual.com



DETAILS OF PERSON COMPLETING THIS FORM

First name(s)

Surname

ID number

Relationship to Deceased

Telephone (Work) Cellphone number

Email

IMPORTANT NOTICE: If you provided contact details change, please inform us by contacting Old Mutual SuperFund.



DECEASED'S PERSONAL INFORMATION

Please provide the following information as applicable at the date of death.

Title First name(s)

Surname

Date of birth ID number

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

Telephone (Work) Cell phone number

Email

Marital status: Single Life Partner(s) Engaged Married Separated Divorced

Date of death

Is the Deceased registered for tax in South Africa? Yes No

If Yes, please provide the Deceased's South African income tax number

Home address

(The last address the deceased resided permanently) Postal code

For office use only



CIRCUMSTANCES OF THE DEATH

Cause of death:

Natural causes

Unnatural causes

IF UNNATURAL

How did the deceased die?

Were any of the Deceased's family involved in the death?

Yes

No

Details of the case (in event of an unnatural death):

Police station's name

Police station's contact person

Investigating officer's name

Investigating officer's rank

Investigating officer's contact number

Case number



ESTATE DETAILS

Did the Deceased have a Will?

Yes

No

If Yes, please provide a copy of the Will.

Has the Deceased member's death been reported to the Master of the High Court to open the Estate?

Yes

No

Has Master of the High Court appointed an Estate Administrator?

Yes

No

If Yes, please provide the Estate Administrator Details:

Full name

Contact number

Email address



OTHER POLICIES

Please list all other benefits that have or will become payable due to the Deceased's death.

INSURANCE COMPANY	TYPE OF BENEFIT (e.g. Funeral, Life Cover, Investment)	BENEFICIARY'S* FULL NAME	ESTIMATED VALUE	PAYOUT DATE

*A beneficiary is the person who receives the payout from the policy



FAMILY DETAILS

Please provide information about the deceased's family, e.g. who shared the same household with the deceased and who the deceased financially supported at the time of death.

Please attach a separate sheet of paper should the spaces in these table not be enough.

SPOUSE(S)/LIFE-PARTNERS				
Please list the spouse(s)/partners the Deceased was in a relationship with at the date of death				
	Person 1	Person 2	Person 3	Person 4
Full name				
ID number				
Cell number				
Alternative phone number/ email address				
Relationship (e.g. Spouse/Life Partner)				
Was financial support provided 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"/>
Type of financial support provided? (e.g. Groceries, regular money etc.)				
Lived with 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"/>

EX- AND PREDECEASED SPOUSE(S)				
Please list the Deceased's ex- and predeceased spouse(s)				
	Person 1	Person 2	Person 3	Person 4
Full name				
ID number				
Cell number				
Alternative phone number/ email address				
Relationship (e.g. Spouse/Life Partner)				
Was financial support provided 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"/>
Type of financial support provided? (e.g. Groceries, regular money etc.)				
Lived with 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"/>

CHILDREN				
Please list all the children of the Deceased (e.g. biological children, adopted children and foster children).				
	Child 1	Child 2	Child 3	Child 4
Full name				
ID number				
Cell number*				
Alternative phone number/ email address*				
Relationship (e.g. Biological, legally adopted, foster children, etc.)				
Was financial support provided 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"/>
Type of financial support provided? (e.g. Groceries, regular money etc.)				
Lived with 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"/>

* Of Guardian in the case of a minor.

PARENTS

Please list the Deceased's parents and date of death if they predeceased the member

	Mother	Father
Full name		
ID number		
Cell number		
Alternative phone number/email address		
Was financial support provided by the deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of financial support provided? (e.g. Groceries, regular money etc.)		
Date of death (if applicable, mark as N/A if not)		

SIBLINGS

Please list the Deceased's brothers and sisters

	Person 1	Person 2	Person 3	Person 4
Full name				
ID number				
Cell number*				
Alternative phone number/ email address*				
Relationship (e.g. Sister/Brother)				
Was financial support provided 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"/>
Type of financial support provided? (e.g. Groceries, regular money etc.)				
Lived with 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"/>

* Of Guardian in the case of a minor.

ANY OTHER PERSONS

Please list anyone other than those listed above, whom the Deceased financially supported at date of death. (e.g. nephews; nieces; grandchildren and other)

	Person 1	Person 2	Person 3	Person 4
Full name				
ID number				
Cell number*				
Alternative phone number/ email address*				
Relationship (e.g. nephews; nieces; grandchildren and other)				
Was financial support provided 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"/>
Type of financial support provided? (e.g. Groceries, regular money etc.)				
Lived with 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"/>

* Of Guardian in the 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 Old Mutual SuperFund .

Old Mutual SuperFund may collect, use and share personal information or other information provided by you for the following purposes:

- For the administration of the Old Mutual SuperFund, including administering a member's membership of the Old Mutual SuperFund;
- To determine, process and pay benefits from the Old Mutual SuperFund;
- 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;
- For underwriting purposes;
- 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. Old Mutual SuperFund 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.
 - A member's employer (its intermediary/broker), 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:

SuperFund Service Centre: 0860 20 30 40
Email: superfund@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**.

¹In this Notice "Old Mutual SuperFund" refers to the Old Mutual SuperFund Pension and Provident Funds.

