OLD MUTUAL SUPERFUND

OLDMUTUAL

CORPORATE

DEATH BENEFIT CLAIM FORM 6

ABOUT THE DECEASED'S EMPLOYER

This document provides us with information and additional requirements from the deceased member's employer representative and must be completed by either a HR Official, Payroll Manager or Direct Manager.

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

For office use only

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

- The Deceased's ID
- The Deceased's Salary Advice
- Divorce Order and Agreement (if divorced, previously divorced)
- Court judgement or written admission of guilt (if claim against the benefit)

EMPLOYER DETAILS

Employer's name

Contact person's full name

Contact person's role

Email address

Telephone number (Work)

Cell phone number

DECEASED'S PERSONAL INFORMATION

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

First name(s)

Surname

ID number

Tax number - - -

When was the deceased's last day of active service D D M M Y Y Y Y

Did the deceased complete a Beneficiary Nomination Form? Yes No

If Yes, please supply a copy of the Beneficiary Nomination Form.

Please list the persons on the deceased's Medical Aid, if applicable

PERSON COVERED	RELATIONSHIP TO THE DECEASED

CIRCUMSTANCES OF THE DEATH

Cause of death: Natural causes ☐ Unnatural causes ☐

IF UNNATURAL

How did the member die?

Did the death occur in the course of duty? Yes ☐ No ☐

DEDUCTIONS FROM THE BENEFIT

Is there any amount of money that should be deducted from the Death Benefit to cover damages caused by theft, dishonesty, fraud, or wrongdoing? Yes ☐ No ☐

If Yes, please provide details.

Court case number of an ongoing legal matter or where the Deceased has been found guilty in a court of law

Written admission where the Deceased has admitted to wrong doing in writing with the Employer. Yes ☐ No ☐

Are you aware of the member having any of the following:

- Divorce Orders which need to be deducted from the Fund? Yes ☐ No ☐
- Housing Loan Surety which need to be deducted from the Fund? Yes ☐ No ☐

OTHER DEPENDENTS

Please provide details about the deceased's dependants as far as possible, by speaking with friends and work colleagues of the deceased.

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 ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
CHILDREN THAT WERE FINANCIALLY SUPPORTED BY THE DECEASED (biological children, stepchildren, adopted or foster children)				
Full name(s)	ID number or date of birth	Contact number*	Lived with the Deceased?	Financially supported by the Deceased?
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
PARENTS OF THE DECEASED				

*** Of Guardian in case of a minor**

OTHER DEPENDENTS (CONTINUED)

Full name(s)	ID number or date of birth	Alive/deceased	Contact number	Lived with the Deceased?	Financially supported by the Deceased?
Mother				Yes No	Yes No
Father				Yes No	Yes No
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 No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
ANYONE ELSE THAT THE DECEASED SUPPORTED FINANCIALLY (grandchildren, nieces, nephews or others)					
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 No	Yes No
				Yes No	Yes No
				Yes No	Yes No

*** 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

Signed at (Place)

Signature

COMPANY STAMP

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:
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.

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