

Please print in block letters using black or blue ink.

PLEASE RETURN THE COMPLETED ANNEXURE AND SUPPORTING DOCUMENTS TO:

Old Mutual Corporate

Mutual Tower
Floor 9
Windhoek

Fax: 061 299 3728 or 061 299 3729
Tel: 061 299 3627 or 061 299 3277
Email: NAM-EBMemberServices@oldmutual.com

If you need assistance with the completion of the form, please contact us at the contact details provided above.
If more space is required, please make copies before completing this form.

A. DETAILS OF THE DECEASED

Name of Fund Orion Namibia Protoktor Namibia

Name of participating employer (Orion only)

Full name(s)

Surname

Date of birth D D M M Y Y Y Y Date of death D D M M Y Y Y Y

B. DECLARATION BY INDEPENDENT THIRD PARTY

I declare under oath that:

I (full name(s) and surname)

Identity number

Relationship to the deceased (e.g. friend, doctor, colleague, pastor **NOT A FAMILY MEMBER**),

Telephone number Cellphone number

Email address

Have known the deceased for years,

I am not aware of any biological children whom the deceased may have had, nor am I aware of any financial dependants the deceased may have had other than those listed below.

Full name(s)

Surname

Date of birth D D M M Y Y Y Y Relationship to the deceased

Full name(s)

Surname

Date of birth D D M M Y Y Y Y Relationship to the deceased

Full name(s)

Surname

Date of birth D D M M Y Y Y Y Relationship to the deceased

