



# PROTEKTOR PRESERVATION FUND

OLDMUTUAL

CORPORATE

## DEATH BENEFIT CLAIM FORM

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ABOUT THE DEPENDANTS WHO DO NOT WISH TO CLAIM

In case you need assistance completing and submitting this document, please refer to the following contact information.

Protektor Preservation Fund  
Address PO Box 167, Cape Town 8000  
Telephone 0860 20 30 40  
Email superfunddeaths@oldmutual.com



### DECEASED'S PERSONAL INFORMATION

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

First name(s)   
Surname   
ID number 

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### WHO ARE DEPENDANTS

IN PENSION/PROVIDENT FUNDS, THE DEATH BENEFIT IS NOT PAID ACCORDING TO THE NOMINATIONS MADE BY THE DECEASED DURING HIS LIFETIME. ACCORDING TO LAW, THE TRUSTEES OF THE FUND HAVE A DUTY TO IDENTIFY ALL THE DEPENDANTS OF THE DECEASED AND ALLOCATE THE DEATH BENEFIT AFTER TAKING EACH PERSON'S DEPENDENCY AND FINANCIAL SITUATION INTO ACCOUNT.

PERSONS WHO QUALIFY AS DEPENDANTS ARE DESCRIBED AS FOLLOW:

- A spouse, who concluded a customary marriage, civil marriage, registered civil union or marriage in accordance with a widely recognised religion
- Children (biological, legally adopted and children born outside of marriage).
- Anyone proven to be have been financially supported and dependent on the Deceased at date of death.
- Anyone to whom the Deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children).



### WHAT THIS FORM IS FOR AND WHAT IT MEANS

By completing this document, you are telling the Trustees you do not want to make a claim against the Fund Benefit. Please read the following section thoroughly and only fill in the information that applies to you.

i. My reason for not wanting to submit a claim

ii. I confirm that I understand that I will not be considered for an allocation of the Fund Benefit. Yes  No

iii. I hereby confirm that I am employed as a (i.e. Teacher, Supervisor etc.)

iv. I hereby confirm that my monthly income is R  and my expenses are R

v. I do not wish to disclose my financial details but advise that I am financially self-supporting. Yes  No

vi. I am unemployed and maintain myself as follows:

To be completed by the person who completed the form.

I  (full name) declare that:

- I have completed this document truthfully and the information provided is factually correct according to my knowledge.
- It is my express wish not to be considered for any allocation from the Old Mutual Superfund Fund Benefit.

ID number	<input type="text"/>	Telephone/Cellphone no.	<input type="text"/>
Email address	<input type="text"/>		
Date	<input type="text"/>	Signed at (Place)	<input type="text"/>
Signature	<input type="text"/>	Relation to deceased: (i.e. son, brother, father etc.)	<input type="text"/>

**IMPORTANT NOTICE: If you provided contact details change, please inform us by contacting Protektor Preservation Fund.**

## 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](mailto:ProtektorEnquiriesComplaints@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](mailto:enquiries@inforegulator.org.za)  
Complaints: [POPIAComplaints@inforegulator.org.za](mailto:POPIAComplaints@inforegulator.org.za)

You can also view our full Privacy Notice [here](#).

<sup>1</sup> In this Notice "Protektor Preservation Fund" refers to the Protektor Preservation Pension and Provident Funds.

