

Are you a Pensioner?	Y/N		
Do you receive a State Old Age Grant from the Government?	Y/N	Amount of pension received:	
Do you have any disabilities or other health problems? (Please describe and provide proof, such as a medical certificate.)			

Are you:

Single	Y/N	Married	Y/N
Divorced	Y/N	Widowed	Y/N
Separated	Y/N	Life Partner	Y/N

B

BANKING DETAILS

We will need your banking details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

Account holder's name _____ Bank name _____

Account number: _____ Account type _____

Branch name _____ Branch code _____

relationship with account holder: (Is the account your own, a joint account, or is it a third party's bank account?)

OWN
 JOINT
 THIRD PARTY

C

DETAILS ABOUT CHILDREN

Please provide us with brief details of any children who depend on you financially.

Child's full name	Child's date of birth	Child's ID number	Biological Father	Biological Mother	Did the Deceased support the child financially?
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N

If the Deceased was the father or mother of any of these children: Please complete a Claim Form 3 (About any Children) for EACH of the Deceased's children.

D

DETAILS OF DEPENDENCY

Please give reasons why you were financially dependent on the Deceased?

How did the Deceased support you? (Please provide proof)

How much money did the Deceased support you with? (Please provide proof)

How often did you receive money from the Deceased?

Since when did you receive financial support from the deceased member?

Date

On what date was the last support received from the deceased member?

Date

Until when do you think you will need the support?

Date

E YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your Employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:

How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes, for how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes, how much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			
What attempts have you made to find work or employment or to start a business?			

F YOUR INCOME AND EXPENSES

What is your total monthly income?

What are your total monthly expenses?

G YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of Asset	Current Value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of Liability	Amount still owed

H

ADDITIONAL INFORMATION

Please provide any other details about your relationship with Deceased that you think are relevant:

I

SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full name(s) and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct. I indemnify Protektor and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

Signed at (place)		Date signed	
Telephone		Cellphone	
Signature		Relationship to the Deceased	

J

STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Full name(s) & surname			
Telephone		Designation	
Signature		Official Stamp	

