

OLD MUTUAL SUPERFUND DEATH BENEFIT CLAIM FORM



ABOUT THE CHILDREN

For reference purposes:			
Full name(s) and Surname of the Deceased (as per the ID book)			
ID Number or Passport Number of the Deceased			

This is Claim form 3 and provides us with information about any children of the Deceased, and any other children who depended financially on the Deceased. It should be completed by a Parent, Guardian or Caregiver. If the child is older than 18, they can complete the form themselves.

A separate Claim Form 3 must be completed for EACH child.

If you need help filling in this form, please call 0860 38 88 73. Please return these forms to the Claims Department:

Old Mutual SuperFund

PO Box 728, Cape Town 8000, South Africa.

Tel: 0860 20 30 40

Fax: 021 509 4677 or 021 509 6271

Email: superfunddeathsqueries@oldmutual.com



CERTIFIED COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- The child's ID and Birth Certificate
- If applicable: Proof of schooling/student status
- If available: Proof of any income or financial support of child
- If applicable: Proof of any disability likely to affect the child's ability to work (Medical certificate or letter)





DETAILS ABOUT THE CHILD

Title Surname	
Full name(s)	Previous surname (if applicable)
SA ID number	Date of birth D D M M Y Y Y Y
Passport number (If no ID Number)	Passport: Country of issue
Residential address	
Postal address	

Adopted (provide proof of adoption) The child's total monthly income? What are the child's total monthly income? What are the child's total monthly income? What are the child's total monthly expenses? RELATIONSHIP TO THE DECEASED RELATIONSH		the following details	of the biological/adoptive parents of the child/c	hildren
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ather's ID number contains or caregiver's name and surname	Nother's ID number			
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Account holder's na	Account holder's name		Bank name			
Account number		Account type				
Branch name		Branch Code				
Relationship to acco	unt holder(s) (Is the account your bank account?)	own, a joint account,	OV	/N	JOINT	THIRD PARTY
	MENT BY THE PERSON signed in front of a Commissione	WHO FILLED IN THIS FORM or of Oaths.				
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	n this form, and in the supporting	g documents that I signed, is true and conformation provided in this form.	,			•
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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 stam	

