

**IMPORTANT:**

Please attach original certified copies of the following documents: Identity Document (ID) of claimant and deceased, Death Certificate (BI-5) and Notification of Death (BI-1663). If deceased is a dependant child aged 21 - 26, please attach proof of disability or proof of full-time studies. If deceased is a dependant child aged over 26, please attach proof of disability.

**NB:** All fields must be completed.

## SCHEME DETAILS

Scheme name

Scheme number

## PRINCIPAL MEMBER'S DETAILS

Surname

First name(s)

ID number  Date of birth

## DECEASED'S DETAILS

Deceased's Membership Type (please tick one): Member  Spouse  Adult Dependant  Stillborn child  Child (<21 yrs)   
 Child (21-26 yrs)  Child (>26 yrs)

Surname

First name(s)

ID number  Date of birth

## DETAILS OF CLAIM

Date of death  Proof of death attached: Death Certificate  Notification of Death

Cause of death (please tick one): Natural  Stillborn  Suicide  Unnatural  Under Investigation

List other documents attached

## DETAILS OF THE PERSON CLAIMING

Surname

First name(s)

ID number

Relationship to

Telephone number Code  No.

Cellphone number

Email address

Street address  Postal code

Postal address  Postal code

## REQUEST TO PAY A BENEFIT TO SOMEONE OTHER THAN THE BENEFICIARY

I,

with identity number

The original beneficiary of the above deceased, authorise   
(the Receiver) to receive the benefits that are due to me.

Signature

Date

## BANKING DETAILS OF THE BENEFICIARY/ RECEIVER

Name of account holder

Bank name

Branch name  Branch code

Account number

Account type:  Current  Savings  Transmission

Claim amount

Street address  Postal code

Beneficiary / Receiver banking details attached

## DECLARATION BY CLAIMANT

I declare that I have not withheld any information or documents that Old Mutual needs to consider in order to finalise this claim. This form has been completed fully and correctly. Everything in it is true, and I understand and agree with it. I authorise, Old Mutual to get information and documents that are necessary and sufficient to consider and finalise this claim from other persons and entities – including medical practitioners, hospitals, other insurers, credit bureaus, previous or present employers and any public official or body. I authorise all such other persons and entities to provide such information and documents to Old Mutual, if needed. I understand my claim can be delayed if more information or documents are requested and not received by Old Mutual.

Signature

Date

Signature of guardian

Date

(If a child is under the age of 18)



Karama Jinaza Cover  
FSP number: 49605  
Authorised financial service provider

UNDERWRITTEN BY  
 **OLDMUTUAL**  
Licensed Financial Services Provider