

**Please attach the following:**

- Copy of death certificate, certified by a Commissioner of Oaths or the SAPS (if handwritten abridged death certificate, please provide the letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided),
- Certified copy of member's identity document,
- Member's latest payslip,
- Bank statement and certified copy of beneficiary's identity document (ONLY if payable to beneficiary/member).

**In addition, if application is for a spouse:**

- Certified copy of spouse's identity document,
- Registration of death – BI 1663 form (where the member is the informant),
- Marriage certificate, or
- Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or
- Declaration/affidavit from a third party confirming the duration of the relationship, e.g. Tribal Chief, Minister of Religion, parent of the deceased, labolla agreement (ONLY if the above is not available).

**SCHEME DETAILS**

Scheme name  Scheme code

**EMPLOYER DETAILS**

Name

Telephone Code  Number

Email address

**MEMBER DETAILS**

First name(s)

Surname

Identity number

Date of birth

Date of joining employer

Date cover commenced

Date of death (if applicable)

Cause of death Accident  Yes  No

**SPOUSE'S DETAILS – COMPLETE ONLY IF THE DECEASED IS A SPOUSE OF THE MEMBER**

First name(s)

Surname

Identity number

Date of birth

Date of death

## PAYMENT DETAILS

### Benefit payable to:

Fund  Employer  Beneficiary  (If payable to beneficiaries, please complete beneficiaries section below.)

The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract.

### Bank account details (if payable to Fund or Employer)

Name of account holder   
Name of bank  Name of branch   
Account number  Branch code   
Type of account  Savings  Cheque  Transmission

### Client contact details for confirmation of payment

Contact person   
Telephone Code  Number   
Email address

## BENEFICIARIES – Guidelines for completing this section

- In terms of the Group Life Assurance policy contract, Old Mutual must pay the benefit strictly in accordance with the written confirmation and instruction from the Employer/Proposer.
- Kindly complete all the details of each of the beneficiaries.
- If there are more beneficiaries, please attach additional copies of page 3.
- Important – the individual percentages for the different beneficiaries must add up to a total of 100%.

### BENEFICIARY 1

Allocated percentage of benefit  %

First name(s)   
Surname   
Identity number  Date of birth

### Bank account details

Name of account holder   
Name of bank  Name of branch   
Account number  Branch code   
Type of account  Savings  Cheque  Transmission

### Beneficiary contact information for confirmation of payment

Email address  Cellphone

### BENEFICIARY 2

Allocated percentage of benefit  %

First name(s)   
Surname   
Identity number  Date of birth

### Bank account details

Name of account holder   
Name of bank  Name of branch   
Account number  Branch code   
Type of account  Savings  Cheque  Transmission

### Beneficiary contact information for confirmation of payment

Email address  Cellphone

**BENEFICIARY 3**Allocated percentage of benefit  %

First name(s)

Surname

Identity number  Date of birth

**Bank account details**

Name of account holder

Name of bank  Name of branch

Account number  Branch code

Type of account  Savings  Cheque  Transmission

**Beneficiary contact information for confirmation of payment**

Email address  Cellphone

**BENEFICIARY 4**Allocated percentage of benefit  %

First name(s)

Surname

Identity number  Date of birth

**Bank account details**

Name of account holder

Name of bank  Name of branch

Account number  Branch code

Type of account  Savings  Cheque  Transmission

**Beneficiary contact information for confirmation of payment**

Email address  Cellphone

**EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM**

I/We the undersigned, in my/our capacity as  and duly authorised to make this declaration, hereby declare:

- i. That the person whose death gave rise to this claim has in fact died and was a legitimate member of the scheme.
- ii. That at the time of his/her death the:
  - a) salary on which the premium was paid was R  and
  - b) cover amounted to R
- iii. That payment of the proceeds, due in respect of the above member, in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of this member.

I/We hereby instruct Old Mutual Corporate to pay the Group Life Assurance benefit due to the persons below.

Signed at  on this  day of  20

Name

Signature



Old Mutual is a Licensed Financial Services Provider