

FAMILY BENEFIT CLAIM FORM

COMPLETE IN DUPLICATE – RETAIN COPY FOR YOUR RECORDS

(ALL sections to be completed)

A. PLAN DETAILS

(1) Name of Plan (2) Plan Code

(3) Employer Name (4) Employer Branch Code

B. MEMBER'S PERSONAL DETAILS

(1) Surname Initials Title

(2) Date of Birth

 (5) Company Ref. No.....
Y Y M M D D

(3) ID Number

(4) Date of Joining Plan

Y Y M M D D

C. DECEASED'S PERSONAL DETAILS (complete only if the deceased is not the member)

(1) Surname Initials Title

(2) Date of Birth

Y Y M M D D

(3) ID Number

(4) Relationship to member

D. DATE OF DEATH

Y Y M M D D

E. BENEFIT DETAILS

Family Cover as at the date of death R.....

F. FAMILY COVER PAYABLE TO:

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

Bank Account Details :

Account Holder :	
Name of Bank	
Name of Branch :	
Branch Code :	
Account Number	

Address to which confirmation of payment should be sent :

Contact Person :

E-mail address:

Postal Address :

Remarks :

DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity asand 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 in fact a legitimate participant in the fund.
- ii. that payment of the proceeds due in respect of the above member in terms of the afore-mentioned fund shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of that member under the said fund.

Signed at: this.....day of.....200.....



Signature.....

Printed name

PLEASE ATTACH TO THIS FORM

- An originally certified Death Certificate (certified by a Commissioner of Oaths or by the SAP)
- Proof of membership of plan (payslip or membership data)
- Proof of relationship to member i.e. marriage certificate or sworn affidavit.

FOR OLD MUTUAL GROUP ASSURANCE OFFICE USE ONLY

I confirm that I have checked the details on this form and have satisfied myself that they are correct

Signature

OLD MUTUAL GROUP ASSURANCE OFFICIAL AUTHORISING CLAIM

