

Old Mutual SuperFund

DEATH BENEFIT CLAIM FORM

3

ABOUT ANY CHILDREN

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

This Claim Form 3 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 or Guardian. 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 388 873.

Please return these forms to Claims Department: Old Mutual SuperFund, PO Box 728,
Cape Town 8000, South Africa. Tel: +27 (0)860 20 30 40,
Fax: +27 (0)21 509 6271, www.oldmutual.co.za



Please attach certified copies of the following to this form:

- A copy of 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).



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DETAILS ABOUT THE CHILD

Title: Surname:	
Full Name(s):	Maiden/previous surname(s)
SA ID Number:	Date of Birth:
Passport Number (If no ID Number):	Passport: Country of Issue
Residential Address: Postal Address:	
Telephone (H):	_ Telephone (W):
Cell phone:	Email Address:

Nother's Name and Surname: Nother's ID Number: ather's Name and Surname: ather's ID Number:			
ather's Name and Surname:			
ather's ID Number:			
ease click the applicable box(es) ab	out the child:		
oloyed Learner (at school) Pre-school	Unemployed	Student (at university, college, FET or similar) Disabled
disabled: Please provide proof of disability	(e.g. a letter from a do	octor, or similar).	YES NO
o you think the child will be able to work (due to the d	isability)?		
the disabled child receiving a social grant?			
the Child is employed:			
Vhat is the child's Occupation?			
Vhat is the highest grade passed?			
etails about the child's education and qualifications			
that is the child's total monthly income?		What are the child's total monthly expens	
iological child of the Deceased	Y/N Y/N	Adopted (provide proof of adoption) Stepchild	Y/N Y/N
outside of marriage	Y/N	Other (please describe)	Y/N
If the Deceased was not the biological or adoptive			7,11
	purem (e.g. a rosier	сппа, зверстна, пернем от піесе, екс. ј.	
re the biological parents alive?			
an the biological parents support the child? ease provide details.			
	EASED		
FINANCIAL SUPPORT FROM THE DEC			
FINANCIAL SUPPORT FROM THE DEC	provide to the child	d? (Please tick all the options that applied).	
What financial support did the Deceased p	provide to the child		ow much p/month?
What financial support did the Deceased p			ow much p/month?
What financial support did the Deceased p Housing? Food and clothing? A regu			ow much p/month?
What financial support did the Deceased p			ow much p/month?
What financial support did the Deceased p Housing? Food and clothing? A regu	llar amount of moneys	Education? Other? If money: Ho	ow much p/month?
What financial support did the Deceased p Housing? Food and clothing? A regu BANKING DETAILS If the child is 18 or older, please provide t	lar amount of moneys	Education? Other? If money: Ho	
What financial support did the Deceased p Housing? Food and clothing? A regu BANKING DETAILS If the child is 18 or older, please provide t Name of Account Holder	lar amount of moneys	Education? Other? If money: Ho	of Bank:
What financial support did the Deceased p Housing? Food and clothing? A regu BANKING DETAILS If the child is 18 or older, please provide t Name of Account Holder Account Number:	llar amount of moneys	Education? Other? If money: Ho	of Bank:



SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

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

	nd in the supporting documents that I signed, is true an	•	names and surname) declare under oath that Protektor and Old Mutual against any claim
Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the Deceased	



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.

Designation	
Official Stamp	
	Designation Official Stamp



Old Mutual is a Licensed Financial Services Provider