

Who is currently looking after the child? Full Names, Surname and ID of the biological / adoptive parents of the child

Mother's Name and Surname:	
Mother's ID Number:	
Father's Name and Surname:	
Father's ID Number:	

Please click the applicable box(es) about the child:

Employed Learner (at school) Pre-school Unemployed Student (at university, college, FET or similar) Disabled

If disabled: Please provide proof of disability (e.g. a letter from a doctor, or similar).	YES	NO
Do you think the child will be able to work (due to the disability)?		
Is the disabled child receiving a social grant?		

If the Child is employed:	
What is the child's Occupation?	
What is the highest grade passed?	
Details about the child's education and qualifications	

What is the child's total monthly income?		What are the child's total monthly expenses?	
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B RELATIONSHIP TO THE DECEASED

Biological child of the Deceased	Y/N	Adopted (provide proof of adoption)	Y/N
Foster child	Y/N	Stepchild	Y/N
Outside of marriage	Y/N	Other (please describe)	Y/N

If the Deceased was not the biological or adoptive parent (e.g. a foster child, stepchild, nephew or niece, etc.):

Are the biological parents alive?	
Can the biological parents support the child? Please provide details.	

C FINANCIAL SUPPORT FROM THE DECEASED

What financial support did the Deceased provide to the child? (Please tick all the options that applied).

Housing? Food and clothing? A regular amount of money? Education? Other? If money: How much p/month?

D BANKING DETAILS

If the child is 18 or older, please provide the child's banking details:

Name of Account Holder _____ Name of Bank: _____

Account Number: _____ Type of Account _____

Branch Name: _____ Branch Code: _____

Account holder relationship: (Is the account your own, a joint account, or is it a third party's bank account?)

 OWN

 JOINT

 THIRD PARTY

E

SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

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

I, _____ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct. I indemnify the SuperFund/Protector and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the Deceased	

F

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.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official Stamp	



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