

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).

In addition, if application is for a child:

- Certified copy of child's identity document/birth certificate,
- Please confirm gestational age of the foetus weeks
- Registration of death – BI 1663 form (where the member is the informant),
- Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or
- Affidavit from the other parent/third party confirming that the main member is the biological parent of the child (ONLY if the above is not available).

Submit the form electronically, by fax or post:

Email gapbpu@oldmutual.com
Fax 021 509 4669

Group Assurance: Benefit Payment Unit (6M)
Old Mutual
PO Box 2386
Cape Town
8000

You are welcome to contact us at telephone 021 509 4351 if you are unsure about any aspect of submitting this form.

SCHEME DETAILS

Employer name

Scheme name Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number Date of birth

Date of joining scheme

Date of joining employer

Date of death (if applicable)

DECEASED PERSON'S DETAILS – complete only if the deceased is a spouse or child of the member

First name(s)

Surname

Identity number Date of birth

D	D	M	M	Y	Y	Y	Y
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Date of death

D	D	M	M	Y	Y	Y	Y
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Relationship to member Spouse Child

PAYMENT DETAILS

Benefit details

Family cover at date of death R

Family cover payable to

Cellphone

Bank account details

In terms of the policy document, the benefit is electronically transferred to the relevant bank account.

Name of account holder Identity number

Name of bank Name of branch

Account number Branch code

Type of account Savings Cheque Transmission

Beneficiary contact details for confirmation of payment

Email address

Cellphone

Client contact details for confirmation of payment

Contact person

Telephone Code Number

Email address

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 that:

- i. the person whose death gave rise to this claim has in fact died and was a legitimate participant under this scheme; and
- ii. 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.

Signed at on this day of 20

Name

Signature

