



DEATH BENEFIT CLAIM FORM

1

ABOUT THE DECEASED

This Claim Form 1 tells us about the Deceased Member (the person who has died).
It should be completed by:

- > The Deceased's Spouse/Partner, OR
- > A close family member, OR
- > A person who knew the Deceased's personal circumstances, OR
- > The Employer.

If you need help filling in this form, please call 021 509 4351.

Please return these forms to: OLD MUTUAL GROUP ASSURANCE
PO Box 1659
Cape Town 8000

Email: GAPdeathclaims@oldmutual.com
Fax: 021 509 4669

Please attach certified copies of the following to this form:

- A copy of the Deceased's ID.
- A copy of the Death Certificate.
- If available: Last Will & Testament or Next of Kin Affidavit (J192)
- If available: Letter of Executorship or Letter of Authority.
- If available: Proof of income of the Deceased (e.g. a payslip).
- Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties.



A

PERSONAL DETAILS OF THE DECEASED

Title _____ Surname _____

Full name(s) _____

SA ID number

Income tax number _____

Passport number (if no ID number)

Passport: country of issue _____

Date of birth

Date of death

Last residential address _____

Code: _____

Last postal address _____

Code: _____

Last home telephone _____ Last cellphone _____

Employer: company name _____

B

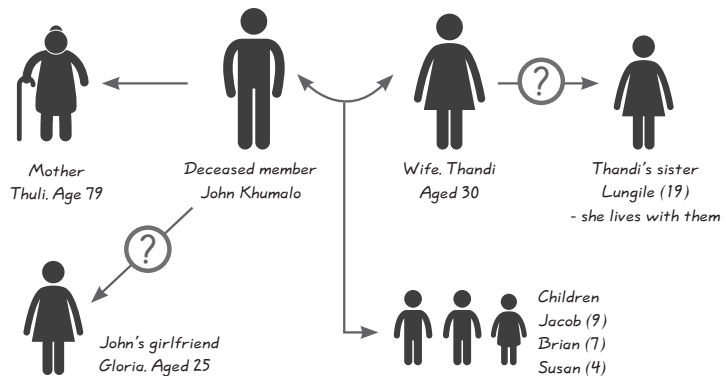
SUMMARY OF THE FAMILY AND THOSE WHO MAY HAVE DEPENDED ON THE DECEASED

Did the Deceased have	YES	NO	How many?	Which form(s) should be filled in?
A Spouse (Husband or Wife (Civil marriage, customary marriage or civil union))				Claim Form 2 for each Spouse
A Permanent Life Partner				Claim Form 2 for each Partner
An Ex-Spouse (i.e. divorced)				Claim Form 2 for each Ex-Spouse
Children				Claim Form 3 for each Child
Grandparents, grandchildren or nephews/nieces who depended on him/her financially				Claim Form 3 for each Child
Other people who depended on him/her financially or for whose maintenance he/she was liable/responsible (e.g. parents, brother/sister, girlfriend/boyfriend)				Claim Form 4 for each person
Other	YES	NO	How many?	Which form(s) should be filled in?
Is a Guardian looking after any of the Deceased's children?				Claim Form 2 for each Guardian
Was the death due to natural causes (e.g. illness or old age)?				If NO: Claim Form 7



Draw us a picture if you want:

We need to know about everyone and their relationship with the member. If it will help, draw us a picture or a diagram showing how everyone is related, like the example on the right. Please attach your picture to this form.



C

WHO DID THE DECEASED LIVE WITH AT THE DATE OF HIS/HER DEATH?

Who is now the head of the household in the home where the Deceased lived before his/her death?

Full name(s)		Surname	
ID number		Date of birth	
Telephone (H)		Telephone (W)	
Cellphone		Email address	
How long was the deceased living in this household?			
Relationship to the deceased			

D

ANY INSURANCE, LIFE COVER, INHERITANCE OR SIMILAR BENEFITS

We need to know about any other money which has been paid/will be paid as a result of the Deceased's death. Please list any inheritance, policies of insurance, life cover from other retirement funds, funeral cover, or similar benefits payable.

Description (e.g. funeral cover/inheritance/life cover)	Insurer or name of Fund paying the benefit	Policy or Reference Number (if available)	Person(s) likely to receive the benefits	Expected Value	Date payable

E

DETAILS ABOUT THE MASTER OF THE HIGH COURT AND THE EXECUTOR

Has the death been reported to the Master of the High Court?	Y/N	If available: What is the reference number?	
Has an Estate been registered?	Y/N	If yes: Is the Estate solvent?	Y/N
Full name(s) and surname of Executor			
Telephone (W) of the Executor			
Email Address of the Executor			

F

ADDITIONAL DETAILS

Please provide any other details about the Deceased or people who depended on him/her or for whose maintenance he/she was liable/responsible that you think are relevant:



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 SACWU National Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

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

- > The SACWU National Provident Fund Management Board has a legal duty in terms of Section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the Deceased Member.

> Please make sure that all information is complete and correct to assist the Board to pay the death benefit in a fair and appropriate way. This includes details of income, expenses, financial support, and your relationship with the Deceased, as asked for on this form and supporting forms.
- > The Board has the discretion to share out the death benefit to dependants of the Deceased and/or nominated beneficiaries of the Deceased.

> The Board may check the information provided, when conflicting information is received or if they need to check the facts.

> Any misrepresentations, either stated or withheld, may influence the decision by the Board in how they share out the death benefit.



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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