



DEATH BENEFIT CLAIM FORM

2

ABOUT THE SPOUSE/LIFE PARTNER/EX-SPOUSE/GUARDIAN

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 2 provides us with information about the:

- Spouse (husband or wife) of the Deceased;
- Permanent Life Partner of the Deceased;
- Ex-Spouse of the Deceased; OR
- Guardian of one or more children of the Deceased.

It should be completed by a Spouse / Permanent Life Partner / Ex-Spouse / Guardian.

Each relevant person should complete a separate Claim Form 2. For example:

- If the Deceased had more than one Spouse at date of death, each Spouse should complete a separate Form 2.
- If the Deceased was divorced, and someone else is acting as the Guardian of the children, then the Ex-Spouse and the Guardian should each complete a separate Claim Form 2.

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, where applicable:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of your ID.
- If applicable: Proof of your marriage to the Deceased. (For example, a copy of your marriage certificate, Lobola certificate or confirmation by a traditional or religious leader).
- If applicable: Proof of your divorce from the Deceased.
- If you are a Guardian and you have been legally appointed by the Court: Proof of legal appointment as Guardian.
- If applicable: Proof of income.



A

DETAILS ABOUT YOU, THE SPOUSE / LIFE PARTNER / EX-SPOUSE / GUARDIAN

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) _____

Cellphone _____ Email address _____

Do you have any disabilities or other health problems? (If yes, please describe and provide proof) _____

B

BANKING DETAILS

We will need your bank details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

Name of account holder _____ Name of bank _____

Account number _____ Type of account _____

Branch name _____ Branch code _____

Cellphone _____ Email address _____

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

C

YOUR INCOME AND EXPENSES

Please tell us about all monthly income and other financial support at the time of the Deceased's death. Please provide a copy of a salary slip(s) where available.

MONTHLY INCOME from all sources at the time of the Deceased's death	My Income	If you were the Spouse or Life Partner: Deceased's Income
Total Salary/Wages (Gross salary before tax and other deductions)		
Maintenance (e.g. from a divorced spouse)		
Pension income		
Investment or rental income		
Other (please provide details):		
- Other		
Total income (before tax and deductions)		

Please tell us about all monthly expenses and costs at the time of the Deceased's death.

List of all monthly EXPENSES at the time of the Deceased's death	Amounts That I Paid	If you were the Spouse or Life Partner: Amounts that the Deceased paid
Deductions from salary/wages:		
- Tax		
- Medical aid		
- Pension or Provident Fund contributions		
- Other deductions		
Rent / House repayments		
Groceries		
Education: School or tuition fees		
Education: Transport, school uniform, and other costs		
Transport		
Telephone		
Rates and municipal expenses		
Accounts (e.g. furniture or clothing stores; car repayments; garnishees; etc)		

List of all monthly EXPENSES at the time of the Deceased's death	Amounts That I Paid	If you were the Spouse or Life Partner: Amounts that the Deceased paid
Other expenses (please provide details):		
- Other		
- Other		
Total monthly expenses		

If your expenses are more than your income, please tell us how you deal with the shortfall of money.

Have you ever been declared insolvent (bankrupt) or placed under administration?	Y/N
If Yes, please provide details.	



YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of Asset	Current Value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of Liability	Amount still owed

E

YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your Employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:

How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes: For how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes: How much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			

F

DETAILS ABOUT CHILDREN

Please list all children of the Deceased. Please include biological, adopted, foster or stepchildren; regardless of age.

Children of the Deceased where I am the Parent, Guardian or Caregiver.					
Child's full name	Child's date of birth	Child's ID number	Lives with me	I am the legal Guardian	Did the Deceased support the child financially?
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N



Take Note:

Please fill in a Claim Form 3 (About any Children) for each child of the Deceased where you are the Parent, Guardian or Caregiver.

Are you aware of any other biological children of the Deceased (born in or out of marriage), OR any other children who depended financially on the Deceased (e.g. grandchild, niece or nephew)?			Y/N
If YES: Please provide brief details.			
Child's full name	Child's date of birth	Child's ID number	Did the Deceased support the child financially?
			Y/N
			Y/N
			Y/N

If you were the Husband/Wife (Spouse) of the Deceased:	Please complete Section G
If you were the Permanent Life Partner (not married) of the Deceased:	Please complete Section H
If you were the Ex-Spouse (i.e. divorced):	Please complete Section I
If you are the Guardian of one or more of the Deceased's children:	Please complete Section J

Marriage Types:



- > **Civil, in community of property:** The marriage is conducted by a marriage officer (who can also be a minister of religion), but there is no Ante-Nuptial Contract.
- > **Civil, with Ante-Nuptial Contract:** The marriage is conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract.
- > **Civil Union Partnership:** A marriage or partnership registered in terms of the Civil Union Act.
- > **Customary Union:** A marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exist in South Africa.
- > **Religious Union:** A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.

G

HUSBAND/WIFE OF THE DECEASED: DETAILS ABOUT YOUR MARRIAGE TO THE DECEASED

Date of marriage: _____

Nature of your marriage (Please tick the correct box):

Civil, in community of property ☐ Civil, with Ante-Nuptial Contract ☐ Civil Union Partnership ☐ Customary Union ☐ Religious Union ☐

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader) _____

If a Religious Union: In terms of which religion were you married? _____

Were you living together at the date of death?	Y/N	If No: Since when were you living apart?	(Date)
Was the Deceased assisting you financially at the date of death?	Y/N	(If yes – please provide full details in Section C)	
If you were living apart: Please tell us about your relationship with the Deceased. Why were you living apart? Were you living apart for work reasons?			
Was the Deceased involved in any other relationship(s)?			

PERMANENT LIFE PARTNER: DETAILS ABOUT YOUR RELATIONSHIP WITH THE DECEASED

We need to determine whether you and the Deceased were Permanent Life Partners and how much you depended financially on the Deceased. We encourage you to provide as much information as possible to show that you and the Deceased were Life Partners.

When did your relationship begin?	(Date)	Did you live together?	Y/N
How long were you in a relationship?		For how long did you live together?	
Were you living together at date of death?	Y/N	If No: Since when were you living apart?	(Date)
Was the Deceased assisting you financially at the date of death?	Y/N	(If yes – please provide full details in Section C)	

Where did you and the Deceased live?

Address _____

How long did you live at this address? _____

Who owns this property? _____ Their phone number _____

Did you and the Deceased do any of the following?

1. Enter into any written agreement providing for the material, financial and/or other consequences of your relationship?	Y/N
a. If Yes: Please supply us with a copy of the agreement.	
b. If No: Please supply any reasons why this was not done:	
2. Have any kind of ceremony to publically confirm your relationship? If Yes: Please provide full information and all available proof.	Y/N
3. Get Engaged?	Y/N
4. If you got engaged: Did you let any people know about your engagement?	Y/N
a. If yes: Who knew about your engagement?	
b. If No: Any reasons why you did not tell people about your engagement?	
5. Share expenses such as rent or a home loan? If Yes: Please supply us with full details in C above.	Y/N
6. Jointly own or lease the Property where you lived at the time of Death?	Y/N
a. If yes: Please provide documents as proof	
7. Choose to be a Dependant on the Deceased's medical aid (or the other way around)? If Yes: Please provide us with a copy of the statement signed by you and the Deceased where you declared your Life Partnership to the medical aid.	Y/N
8. Take out life assurance policies on each other's' lives, or are you named as beneficiaries on each other's policies?	Y/N
a. If Yes: Please supply full details and/or documentation	
9. Open a Joint Bank Account, or regularly transfer money between your respective bank accounts?	Y/N
a. If Yes: Please supply full details and/or documentation	
10. Did the Deceased leave a will naming you as an heir? If Yes: Please supply us with a copy of the will	Y/N
11. Were you a nominated beneficiary on the Deceased's pension or provident fund (or vice versa)? If Yes: Please provide documents as proof	Y/N
12. Is there a family member of the Deceased who can confirm you were Permanent Life Partners at the time of death? If Yes: Please give us full contact details:	Y/N
Name and Surname	Phone Number
Relationship to the Deceased	
Please obtain a sworn affidavit (a document signed in front of a Commissioner of Oaths) from this family member, where he or she provides details about the following:	
- Did both Life Partners confirm their relationship as Permanent Life Partners? - How was this confirmed? - When was this confirmed?	

I EX-SPOUSE (DIVORCED): DETAILS ABOUT YOUR RELATIONSHIP TO THE DECEASED

Date of marriage _____ Date of Divorce _____

Nature of your marriage (Please tick the correct box)

Civil, in community of property ☐ Civil, with Ante-Nuptial Contract ☐ Civil Union Partnership ☐ Customary Union ☐ Religious Union ☐

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader) _____

Were you living together with the Deceased at the date of his/her death?	Y/N	If No: Since when were you living apart?	(Date)
Have you remarried?	Y/N	If not remarried: Are you living together with a partner?	Y/N

Did the Deceased pay maintenance, or had the Deceased agreed to pay maintenance?

In terms of a maintenance order or agreement?	Y/N	If Yes, please provide proof of the maintenance order/agreement
Voluntarily?	Y/N	If Yes, please details of the support and proof (e.g. bank statement showing deposits)
Are there any claims against the Deceased's Estate for maintenance?	Y/N	If Yes, please provide details and/or supporting documents
What was the amount of monthly maintenance paid at date of death?		
Ex-spouse:		
Children:		

At the time of your divorce, was an order made by the court that the Fund must deduct an amount from the Deceased's benefit for your benefit?	Y/N
Has this divorce order amount been paid to you?	Y/N

J GUARDIAN: DETAILS ABOUT YOUR APPOINTMENT AS GUARDIAN

Please provide any relevant details about your appointment as Guardian of the child/children of the Deceased.

If you were also financially dependent on the Deceased: Please provide any relevant details.

K ADDITIONAL DETAILS

Please provide any other details about your relationship with the Deceased 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	



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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