



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 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:

- 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 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).



A

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) _____

Cellphone _____ Email address _____

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?

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



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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