



DEATH BENEFIT CLAIM FORM

4

OTHER FINANCIAL DEPENDANTS

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 4 provides us with information about **anyone else who was financially dependent on the Deceased** (e.g. **parents, brother or sister, boyfriend or girlfriend, or similar**).
- It should be completed by anyone else who was financially dependent on the Deceased at the time of death.
- A separate Claim Form 4 needs to be completed for each person.

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 your ID.
- If applicable, proof of your income.
- If applicable, proof of employment.



A

PERSONAL DETAILS

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 _____

What was your relationship to the Deceased? For example: Parent / brother or sister / boyfriend or girlfriend / grandparent

Are you a Pensioner?	Y/N		
Do you receive a State Old Age Grant from the Government?	Y/N	Amount of pension received	
Do you have any disabilities or other health problems? (Please describe and provide proof, such as a medical certificate.)			

Are you:

Single	Y/N	Married	Y/N
Divorced	Y/N	Widowed	Y/N
Separated	Y/N	Life Partner	Y/N

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 _____

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

OWN	JOINT	THIRD PARTY
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C

DETAILS ABOUT CHILDREN

Please provide us with brief details of any children who depend on you financially.

Child's full name	Child's date of birth	Child's ID number	Biological Father	Biological Mother	Did the Deceased support the child financially?
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N

If the Deceased was the father or mother of any of these children: Please complete a Claim Form 3 (About any Children) for EACH child of the Deceased.

D

DETAILS OF DEPENDENCY

Please give reasons why you were financially dependent on the Deceased?

How did the Deceased support you?

How much money did the Deceased support you with?

How often did you receive money from the Deceased?

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?			
What attempts have you made to find work or employment or to start a business?			

F

YOUR INCOME AND EXPENSES

What is your total monthly income?		What are your total monthly expenses?	
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G

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

H

ADDITIONAL INFORMATION

Please provide any other details about your relationship with Deceased that you think are relevant:

I

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 SACCAWU 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	

J

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	



OLDMUTUAL

Old Mutual is a Licensed Financial Services Provider