OLDMUTUAL

# FOUNDATION MARKET
# DEATH CLAIM FORM

**IMPORTANT:**
Please attach original certified copies of the following documents: Identity Document (ID) of claimant and deceased, Death Certificate (BI-5) and Notification of Death (BI-1663). If deceased is a dependant child aged 21 - 26, please attach proof of disability or proof of full-time studies. If deceased is a dependant child aged over 26, please attach proof of disability.
**NB:** All fields must be completed.

## SCHEME DETAILS

Scheme name

Scheme number

## PRINCIPAL MEMBER DETAILS

Surname

First name(s)

ID number

Date of birth D D M M Y Y Y Y

## DECEASED'S DETAILS

Deceased's Membership Type (please tick one) Member ☐ Spouse ☐ Adult Dependant ☐ Stillborn child ☐ Child (<21 yrs) ☐
Child (21-26 yrs) ☐ Child (>26 yrs) ☐

Surname

First name(s)

ID number

Date of birth D D M M Y Y Y Y

## DECEASED'S DETAILS

Date of death D D M M Y Y Y Y Proof of death attached: Death Certificate ☐ Notification of Death ☐

Cause of death (please tick one) Natural ☐ Stillborn ☐ Suicide ☐ Unnatural ☐ Under Investigation ☐

List other documents attached

## DETAILS OF THE PERSON CLAIMING

Surname

First name(s)

ID number

Relationship to

Telephone number No.

Cellphone number

Email address

Street address

Postal code

Postal address

Postal code

## REQUEST TO PAY A BENEFIT TO SOMEONE OTHER THAN THE BENEFICIARY

I,

with identity number The original beneficiary of the above deceased, authorise

(the Receiver) to receive the benefits that are due to me. The Receiver, may handle the claim on my behalf, and collect the benefits from Old Mutual on my behalf. I authorise ("the Funeral Parlour") to receive the benefits due to me. They will handle the claim and collect the benefits from Old Mutual. The Funeral Parlour will settle any payments and if there is any excess they will give it to me. I cannot hold Old Mutual responsible for this, as the arrangement is between the Funeral Parlour and myself. Should the Receiver not pay the remainder of the funds to me, I know and understand that I will not have a claim against Old Mutual for the shortfall, as the arrangement for the payment is between the Receiver and me.

Signature Date D D M M Y Y Y Y

## BANKING DETAILS OF THE BENEFICIARY/RECEIVER

Name of account holder

Bank name

Branch name Branch code

Account number

Account type Current Savings Transmission

Claim amount

Street address

Postal code

## DECLARATION BY CLAIMANT

I declare that I have not withheld any information or documents that Old Mutual needs to consider in order to finalise this claim. This form has been completed fully and correctly. Everything in it is true, and I understand and agree with it. I authorise, Old Mutual to get information and documents that are necessary and sufficient to consider and finalise this claim from other persons and entities – including medical practitioners, hospitals, other insurers, credit bureaus, previous or present employers and any public official or body. I authorise all such other persons and entities to provide such information and documents to Old Mutual, if needed. I understand my claim can be delayed if more information or documents are requested and not received by Old Mutual.

Signature Date D D M M Y Y Y Y

Signature of Guardian Date D D M M Y Y Y Y

(If a child is under the age of 18)

OLDMUTUAL

Old Mutual is a Licensed Financial Services Provider