

**ALL sections to be completed together with supporting documents to be emailed to [nam-csorionclaims@oldmutual.com](mailto:nam-csorionclaims@oldmutual.com)**

## CONTACT NUMBERS

Call Centre: 081 956 1013  
Email: [nam-csorionclaims@oldmutual.com](mailto:nam-csorionclaims@oldmutual.com)

## REQUIRED DOCUMENTS CHECKLIST

- An original certified Death Certificate (certified by a Commissioner of Oaths or by the SAP)
- Proof of relationship to member i.e. marriage certificate or sworn affidavit.

## SECTION 1: FUND DETAILS

Participating employer

Fund code

Employer name

## SECTION 2: MEMBER PERSONAL DETAILS (complete only if the deceased is not the member)

Title: Mr  Mrs  Ms  Other  Initials

Surname

Date of birth

ID/Passport number

Relationship to member

Date of death

## SECTION 3: FAMILY BENEFIT PAYABLE TO:

The benefit will be electronically transferred to the relevant bank account.

### Bank Account Details

Account holder's full name

Account number  Type of account: Savings  Current  Transmission

Bank name  Branch name  Branch code

### Address to which confirmation of payment should be sent:

Contact person

Postal address

## SECTION 4: DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as  and duly authorised to make this declaration, hereby declare:

- That the person whose death gave rise to this claim has in fact died and was in fact a legitimate participant in the fund.
- That payment of the proceeds due in respect of the above member in terms of the aforementioned fund shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of that member under the said fund.

Signed at:  this  day of  20

Signature

Print name

OFFICIAL COMPANY  
STAMP