



OLD MUTUAL
CORPORATE

PROTEKTOR PRESERVATION FUND

DEATH CLAIM ANNEXURE E

Sworn Statement by Guardian of deceased's children
(Biological, legally adopted, foster or stepchild)

Please print in block letters using black or blue ink.

PLEASE RETURN THE COMPLETED ANNEXURE AND SUPPORTING DOCUMENTS TO:

Protektor

Claims Department
Old Mutual Protektor Preservation Fund
PO Box 1
Mutualpark
7451

Fax 021 504 9384
Tel 0860 203 040
Email protektorenquiries&complaints@oldmutual.com

If you need assistance with the completion of the form, please contact us at the contact details provided above.

(If more space is required, please make copies before completing this section.)

Name of participating employer	<input type="text"/>	Scheme code	<input type="text"/>
Deceased's full names and surname	<input type="text"/>		
Deceased's date of birth	<input type="text"/>		
Full names and surname of legal guardian	<input type="text"/>		
Identity number	<input type="text"/>	(attach an original certified copy of ID document)	
Address	<input type="text"/>		
	<input type="text"/>		
Telephone number	<input type="text"/>	Cellphone	<input type="text"/>
Email address	<input type="text"/>		
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>	Life Partner <input type="checkbox"/>
Name of Account holder	<input type="text"/>		Branch name <input type="text"/>
Name of bank	<input type="text"/>		Branch code <input type="text"/>
Account number	<input type="text"/>		Type of account <input type="text"/>
Account holder relationship (either own, joint or third party)	<input type="text"/>		

Major children (over 18 years) financially dependent on the deceased at date of death.		
Child's name	Date of birth	Monthly amount

Minor children financially dependent on the deceased at date of death.		
Child's name	Date of birth	Monthly amount

Children NOT financially dependent on the deceased at date of death.	
Child's name	Date of birth

The following children are living with me and I am the legal guardian of these children:

Signature of guardian

Sworn and signed before me at

this

day of

20[illegible]

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OFFICIAL STAMP

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