

## 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 r	equ	iire	d, p	lea	se	ma	ke c	opi	es b	efo	re	con	nple	etin	g th	nis s	ecti	ion.	.)											
Name of participating employer																						Sche code								
Deceased's full names and surname																														
Deceased's date of birth	D	D	М	М	Υ	Y	Υ	Υ																						
Full names and surname of legal guardian																														
Identity number																(a	attac	h an	orig	ginal o	erti	fied (	сору	of I	D do	cum	ent)			
Address																														
							<u> </u>					<u></u>	<u></u>	<u> </u>	<u>                                      </u>										Post	al co	de			
elephone number Cellphone																														
Email address																														
Marital status: Single Married Divorced Widowed Separate											ted	d Life Partner																		
Name of Account holder Branch nar											me																			
Name of bank	lame of bank Branch co											ode	le																	
Account number Type of account											unt	nt																		
Account holder relation	ship	(eith	ner o	wn,	join	t or	third	part	y)																					
		М	lajoı	r <b>ch</b> i	ildre	en (	over	18	yea	rs) f	inar	ncia	lly d	ере	nde	nt or	ı the	de	ceas	sed a	t da	te o	f de	ath.						
Child's name Date of birth										Monthly amount																				
				ı	4inc	or cl	nildr	en fi	nan	cial	y de	epei	nder	nt or	the	de				ite of	dea	ath.								
Child's name Date of birth											- 1	Mont	hly a	imot	ınt															
Child's name				-	Chil	dre	n NC	T fii	nano	cially	y de	pen	den	t on	the	dec	ease	ed a	t da	te of	dea	th.				Dat	e of	hirtl	h	
S.ma S name																										Dut	01	2110	•	

I wish to declare that I am the guardian of the children of the late (full nam	ne of decease	d)						
and am not aware of any other biological children which the deceased may have had at the time of death. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	have had, bo	rn in/out of we	edlock nor am I	aware of any oth	ner financial dependants			
The following children are living with me and I am the legal guardian of the	se children:							
Full name and surname of guardian								
I certify that the deponent acknowledges that he/she knows and understand that he/she considers the oath to be binding on his/her conscience.	ds the conte	nt of this affida	vit, that he/she	e has no objection	n to taking the oath and			
Sworn and signed before me at	this		day of		20			
Full name								
Official								
title Commissioner of Oaths/Justice of the Peace/Police Office	er							
(delete which is not applicable)				OFET	CIAL STAMP			
				Olli	CIAL STAPP			
Signature								