

Please print in block letters using black or blue ink.

PLEASE RETURN THE COMPLETED ANNEXURE AND SUPPORTING DOCUMENTS TO:

Orion

Claims Department
Old Mutual SuperFund
PO Box 728
Cape Town
8000

Fax 021 509 5770/1
Tel 0860 203 040
Email rfamembers@oldmutual.com

Evergreen & Easy Benefit Plan

Claims Department
Old Mutual SuperFund
PO Box 167
Cape Town
8000

Fax 0860 383 848
Tel 0860 203 040
Email evergreendeathanddisability@oldmutual.com

Protector

Claims Department
Old Mutual Protector 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

Scheme code(s)

Deceased's full name and surname

Deceased's date of birth Identity number

Full names and surname of potential dependant or nominee, or legal guardian if dependant is a minor child

Postal address Postal code

Email address

Marital status: Single Married Divorced Widowed Separated Life Partner

Education and qualifications Work experience

Occupation State of health

Name of minor child, if legal guardian

Do you have any dependent children? Yes No If "Yes", please state their ages:

Have you ever been declared insolvent and/or found guilty of fraud? Yes No

If "Yes", please provide details.

A. FINANCIAL INDEPENDENCE

If you are financially independent and you do not wish to divulge information regarding your financial position, you may tick the block and sign below.

Please note: The Trustees will accept that you are financially sound. The Trustees, however, still reserve the right to investigate your financial circumstances.

I do not wish to divulge my financial information and confirm that I am financially independent.

Signature

Date

B. CURRENT GROSS INCOME – List monthly gross income received from all sources and attach salary slip(s)

	Own	Spouse/Life partner
1. Salary(ies)		
2. Maintenance		
3. Pension/Investment/Rental income (please underline where applicable)		
4. Other (please specify)		
Total gross monthly income		

Signature of potential dependant or nominee

Date

C. EXPENSES – List all monthly expenses including ALL salary deductions

	Own	Spouse/Life partner
1. Tax		
2. Pension		
3. Medical aid		
4. Policy premiums		
5. Other (please specify)		
List all other usual monthly household expenses below:		
6. Bond/Rent		
7. Groceries		
8. Accounts (e.g. clothing stores, furniture stores, maintenance accounts, garnishee orders, etc.)		
9. School fees		
10. Transport		
11. Municipality (Rates/Taxes/Electricity)		
12. Telephone		
13. Other (please specify)		
Total monthly expenses		

D. LIST ALL ASSETS – (e.g. property, motor vehicles, house content, investments, shares, policies)

Description of asset	Current value

E. LIST ALL LIABILITIES – (e.g. loans, credit card debt, hire purchase, bond)

Description of liability	Amount still owed

F. BENEFITS RECEIVED AS A RESULT OF THE MEMBER'S DEATH

Benefits received/likely to be received from other funds, of which the deceased was a member	
Value of inheritance received/likely to be received as a result of the member's death	
Insurance policies on the life of the deceased in respect of which you are nominated as a beneficiary	Name of Company, policy number(s), value and date of payment
Any other assets that you anticipate to receive in the near future	

G. FINANCIAL DEFICIT/MONTHLY SHORTFALL

If your expenses exceed your income, we require that you advise us in writing as to how you manage to meet your monthly financial obligations.

Have you ever been declared insolvent? Yes No

If "Yes", please provide details.

H. UNEMPLOYMENT

- (i) If you are currently unemployed, please advise for how long you have been unemployed.
- (ii) Were you previously employed? Yes No
 If "Yes", for how long were you employed?
- (iii) What attempts have you made towards becoming gainfully employed again?
- (iv) Does anyone currently assist you financially? Yes No
 If "Yes", how much do you receive? R
- (v) If you are not being assisted, how do you maintain yourself?

SWORN DECLARATION

- The Trustees have a legal duty in terms of section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the deceased member, and the Act provides the Trustees with a discretion to allocate death benefits available under the policy or policies to dependants of the deceased and/or nominated beneficiaries of the deceased.
- Please ensure that all information, including details of your income, expenditure, means and assets, and your relationship with the deceased, as requested by this form including all of its Annexures, are fully and accurately recorded to assist the Trustees in making a fair and appropriate allocation of death benefits under the relevant policy/policies.
- Please note further that the Trustees may find it necessary to submit for comment and input, the information provided by you to other dependants and nominated beneficiaries of the deceased, to verify the information provided, when conflicting information is received by them or should they find this necessary to establish the facts.

N.B.: Any misrepresentations, either provided or omitted, will be viewed in a serious light, and will prejudice your prospects of receiving any allocation of the death benefits or part thereof, under the policy/policies.

I, declare under oath that the information in this annexure, and in the supporting documents that I have signed, is true and correct, and indemnify the SuperFund and Old Mutual against any claim that may arise from any incorrect or false information provided on this form.

Signed at this day of 20

Signature of potential dependant or nominee

Signed in front of me, the deponent having stated that he/she knows and understands the contents of this affidavit, that he/she has no objections to this oath, and that he/she considers the oath binding on his/her conscience.

Full names/surname

Signature of Commissioner of Oaths

Designation

OFFICIAL STAMP

Address Postal code



Old Mutual is a Licensed Financial Services Provider