

Please print in block letters using black or blue ink.

Sworn Statement of Permanent Life Partner

PLEASE RETURN THE COMPLETED A Orion Claims Department Old Mutual SuperFund PO Box 728 Cape Town 8000					Eve Clai Old PO I Cap	Claims Department Old Mutual SuperFund PO Box 167 Cape Town												Protektor Claims Department Old Mutual Protektor Preservation Fund PO Box 1 Mutualpark 7451												
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5. At the date of death of the deceased our financial circumstances and arrangements were as follows:

5.1	My income from all sources		The deceased's income from all sources									
	Salary – gross	R	Salary – gross	R								
	Salary – nett	R	Salary – nett	R								
	Maintenance	R	Maintenance	R								
	Pension/Investment/Rent/Other (underline where applicable)	R	Pension/Investment/Rent/Other (underline where applicable)	°R								
	Total	R	Total	R								
5.2	I paid, or contributed towards the expenses	e following	The deceased paid, or contributed towards the follow expenses									
	Bond repayments/Rent	R	Bond repayments/Rent	R								
	Medical Aid	R	Medical Aid	R								
	Pension/Provident Fund	R	Pension/Provident Fund	R								
	Groceries	R	Groceries	R								
	School fees	R	School fees	R								
	Municipal account	R	Municipal account	R								
	Other accounts	R	Other accounts	R								
	Please list all other expenses below:		Please list all other expenses below:									
		R		R								
		R		R								
		R		R								
	Total	R	Total	R								

5.3 Please enclose copies of your and the deceased's proof of income as at date of death.

6. The information requested below is important because the Trustees of the Fund need, in accordance with legislation, to determine whether you and the deceased were permanent life partners, and as to the degree of your dependency on the deceased. You are required to provide full and detailed information, in your own words, with motivation, which would substantiate your claim that you and the deceased were permanent life partners.

6.1	Were any children born from, or adopted by you and the deceased during your relationship as permanent life partners?	YES	NO
	If "YES", please supply us with full details.		
6.2	If you and the deceased had previously been married to and divorced from each other, what were the reasons for the divorce and your subsequent life partnership?		
6.3	Did you and the deceased enter into any written agreement providing for the material, financial and/or other consequences of your relationship? If "YES", please supply us with a copy of the agreement.	YES	NO
	If "NO", please provide us with an explanation regarding why this was not done.		
6.4	Did you and the deceased have any ceremony akin to a wedding to affirm your relationship? If "YES", please provide proof.	YES	NO
6.5	Were you and the deceased engaged at the time of death? If "YES", when was this announced and to whom?		
	If "NO", please provide us with an explanation regarding why this was not done.		
6.6	What are the reasons for you and the deceased not entering into a civil marriage or civil partnership?		
6.7	Did the deceased leave a valid will in terms whereof you are named as an heir? If "YES", please supply us with a copy of the will.	YES	NO
6.8	Did you and the deceased share expenses in respect of a home loan or rent? If "YES", please supply us with full details in 5.2 above.	YES	NO
6.9	Did you and the deceased jointly own the property where you resided at the time of death? If "YES", please supply us with documentary proof thereof.	YES	NO
6.10	Were you a dependant on the deceased's medical aid (or vice versa)? If "YES", please supply us with the statement signed by you and the deceased wherein your life partnership was declared to the medical aid.	YES	NO
6.11	Were you a nominated beneficiary on the deceased's pension or provident fund (or vice versa)? If "YES", please attach documentary proof thereof, if available.	YES	NO
6.12	Have you and the deceased taken out life assurance policies on each others' lives, or are you named as beneficiaries on each others' policies? If "YES", please supply us with full details.	YES	NO

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6.13	Did you and	the deceased	have a joint bank	account, or	did you	regularly t	transfer fu	inds betwe	en your re	espective bank
	accounts? If	"YES", please	provide full details	5.						

Please furnish the nar knowledge, and bein					ed who can confir	m having
Name and surname						
Telephone number			Relationshi	ip to the deceased		
		4		(()		

- 7. We also require the 1 (one) family member mentioned in item 6.14 to supply us with a sworn affidavit wherein he/she address the following:
 - 7.1 Was the deceased's relationship with the life partner confirmed to them by both life partners?
 - 7.2 Was the permanence of the relationship confirmed to them by both life partners?
 - 7.3 How was this confirmed?
 - 7.4 When was this confirmed?

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,			(full names and surname)
declare under oath that the information in th from any incorrect or false information prov		and indemnify the SuperFund and Old	Mutual against any claim that may arise
Signed at	this	day of	20
Signature of potential dependant			
Signed in front of me, the deponent having and that he/she considers the oath binding		erstands the contents of this affidavit, th	at he/she has no objections to this oath,

Full names/surname																					
Signature of Commissioner of Oaths													OF	FICI	AL	ST/	W	0			
Designation								 													
Address																	Post	al co	de		



Old Mutual is a Licensed Financial Services Provider

NO

YES