

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.

Name of participating employer

Scheme code(s)

I, (full names and surname)

with identity number

currently residing at Postal code

declare the following under oath:

1. I understand that the Trustees of the Fund have a duty to distribute the benefits of the deceased, (names and surname) , who was a member of the Fund before death, on a fair basis in terms of Section 37C of the Pension Funds Act 24 of 1956 (as amended). I make this declaration to enable the Trustees to establish my financial dependency on the deceased **at the date of his/her death**.
2. I accept that the Trustees of the Fund have the final discretion to determine how the benefits must be distributed, and that this declaration does not automatically entitle me to the full or part of the benefits payable by the Fund.
3. I was fully/partly (delete where not applicable) financially dependent on the deceased **at the time of his/her death**, for the following reasons.
- 3.1 At time of death the deceased and I lived together as .
- 3.2 Our relationship lasted for years and months and we did/did not (delete where not applicable) not share a household.
- 3.3 Regarding my relationship with the deceased, I declare the following additional information:
4. The deceased and I lived together at the following address:

Address Postal code

We lived at this address for years.

Telephone Code Number

Email address

Full names and surname of the owner(s) of this property

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 following expenses	The deceased paid, or contributed towards the following 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

6.13 Did you and the deceased have a joint bank account, or did you regularly transfer funds between your respective bank accounts? If "YES", please provide full details. YES NO

6.14 Please furnish the name, contact details and relationship to the deceased of at least 1 (one) family member of the deceased who can confirm having knowledge, and being aware of you having been the permanent life partner of the deceased at the time of death.

Name and surname
Telephone number Relationship to the deceased

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 this declaration 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

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



Address Postal code



Old Mutual is a Licensed Financial Services Provider