



BENEFICIARY CLAIM FORM

FOR DEATH/ACCELERATED FUNERAL DEATH BENEFIT

Policy number:

To be filled in by the beneficiary or beneficiaries

- Please print in block letters using black or blue ink.
- Each beneficiary must fill in this form. If there is more than one beneficiary, each beneficiary must fill in a separate form.
- If you are also the contact person for a claim, please fill in the CONTACT FORM FOR DEATH/ACCELERATED FUNERAL DEATH BENEFIT.
- To find out exactly what documents you need to provide us with for your claim, please ask for our HOW TO SUBMIT A DEATH CLAIM information page.

1. BENEFICIARY DETAILS

Title Mr: Ms: Mrs: Other: Initials:

First names: Surname:

ID number:

Relationship to the deceased: Family member: Executor of estate:

Other: (please explain)

Contact numbers:

Work: Home:

Fax: Cellphone:

Email address:

Residential address if different to postal address:

Postal address:

2. BENEFICIARY BANK DETAILS

Name of bank:	<input type="text"/>		
Name of account holder:	<input type="text"/>		
Branch name:	<input type="text"/>	Branch code:	<input type="text"/>
Account number:	<input type="text"/>	Account type:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission
Swift/BAN/Sort code:	<input type="text"/>	(for foreign bank accounts only)	

- We pay all claims by EFT into each beneficiary's bank account.
- We don't pay in cash or by cheque.
- If you don't have a bank account, you need to open one.
- The bank account must be in your name.
- We do not pay into third party accounts.
- If you are a minor, you still need a bank account in your name.
- We need you to apply for permission from the South African Reserve Bank before we can pay into a foreign bank account.
- We are not responsible if we pay into an incorrect bank account based on incorrect banking information you gave us.

3. DECLARATION OF CONTACT PERSON

I confirm that all the information provided on this form is true and accurate to the best of my knowledge. I give Old Mutual consent to confirm the information provided with any other source.

Signed at: the day of 20

Signature of Beneficiary:

PROTECTION OF PERSONAL INFORMATION (PPI)

The Old Mutual Group would like to offer you on-going financial services and may use your personal details to provide you with information about products or services that may be suitable to meet your financial needs. If you prefer not to receive such information and financial services, SMS your ID number to 45600.

To view our full privacy notice and to exercise preferences, visit our website on www.oldmutual.co.za