



OLDMUTUAL

RSA

FOUNDATION MARKET ESSENTIAL DEATH CLAIM FORM

Insurance Contract underwritten by Old Mutual

IMPORTANT:

Please attach original certified copies of the following documents: Identity Document (ID) of claimant and deceased, Death Certificate (BI-5) and Notification of Death (BI-1663) and/BI1680. If deceased is a dependant child aged 21 - 26, please attach proof of disability or proof of full-time studies. If deceased is a dependant child aged over 26, please attach proof of disability. If previously covered 2 months prior to taking out this policy, please attach proof of previous cover. If cause of death is unnatural, please attach fully completed SAPS/Accident report. Latest bank statement, if proceeds are paid to the beneficiary.

NB: All fields must be completed.

SCHEME DETAILS

Scheme name Paymansol Financial Services (PTY)Ltd

Scheme number 79188

PRINCIPAL MEMBER DETAILS

Title: Mr ☐ Ms ☐ Mrs ☐ Other

Surname

First name(s)

Identity number Date of birth

D D M M Y Y Y Y

DETAILS OF DECEASED

Deceased's membership type (please tick one):

Member ☐ Spouse ☐ Stillborn child ☐ Child (<21 yrs) ☐ Child (21-26 yrs) ☐ Child (>26 yrs) ☐ Adult dependant ☐

Surname

First name(s)

Identity number Date of birth

D D M M Y Y Y Y

DECEASED PROOF OF DEATH

Date of death

Proof of death attached: Death certificate ☐ Notification of death ☐

Cause of death (please tick one): Natural ☐ Unnatural ☐ Stillborn ☐ Suicide ☐ Under investigation ☐

List other documents attached

DETAILS OF THE PERSON CLAIMING

Surname

First name(s)

Identity number

Relationship to deceased

Telephone number

Cellphone number

Email address

Street address

Postal code

Postal address

Postal code



I,

with identity number , the original beneficiary of the above deceased, authorise (the Receiver)

to receive the benefits that are due to me. The Receiver, may handle the claim on my behalf, and collect the benefits from Old Mutual on my behalf. I authorise

("the Funeral Parlour") to receive the benefits due to me.

Signature _____ Date

D	D	M	M	Y	Y	Y	Y
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Name of accountholder	<input type="text"/>		
Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>		
Account type:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Claim amount	<input type="text"/>		
Street address	<input type="text"/>		
	Postal code <input type="text"/>		

General enquiries: enquiries@inforegulator.org.za
Complaints: popiacomplaints@inforegulator.org.za



DECLARATION BY PERSON CLAIMING

I declare that I have not withheld any information or documents that Old Mutual needs to consider in order to finalise this claim. This form has been completed fully and correctly. Everything in it is true, and I understand and agree with it. I authorise, Old Mutual to get information and documents that are necessary and sufficient to consider and finalise this claim from other persons and entities – including medical practitioners, hospitals, other insurers, credit bureaus, previous or present employers and any public official or body. I authorise all such other persons and entities to provide such information and documents to Old Mutual, if needed. I understand my claim can be delayed if more information or documents are requested and not received by Old Mutual. I understand the waiting periods. During the waiting period, Old Mutual will pay out the cover if the insured person's death is as result of accidental causes. However, if the funeral plan I am claiming on was taken out within two months of a previous funeral policy being cancelled, the waiting period may be reduced.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Signature of guardian
(If a claimant is under the age of 18)

Date

D	D	M	M	Y	Y	Y	Y
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