

## **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 DET	AILS						
Scheme name	Paymansol Financial Services (PTY)Ltd						
Scheme number	79188						
PRINCIPAL M	EMBER DETAILS						
Title:	Mr Ms Other						
Surname							
First name(s)							
Identity number	Date of birth						
DETAILS OF D	DECEASED D D M M Y Y Y Y						
Deceased's memb	ership type (please tick one):						
Member S	pouse Stillborn child Child (<21 yrs) Child (21-26 yrs) Child (>26 yrs) Adult dependant						
Surname							
First name(s)							
Identity number	Date of birth Date of birth						
DECEASED P	ROOF OF DEATH D D M M Y Y Y Y						
Date of death							
Proof of death atta	iched: Death certificate Notification of death						
	ease tick one): Natural Unnatural Stillborn Suicide Under investigation						
List other docume	nts attached						
DETAILS OF T	THE PERSON CLAIMING						
Surname	TET ERSON GEARNING						
First name(s)							
Identity number  Relationship to de	eneral .						
Telephone numbe							
Cellphone number							
Email address							
Street address	Dortal codo						
	Postal code Postal code						
Postal address							
	Postal code						



## REQUEST TO PAY A BENEFIT TO SOMEONE OTHER THAN THE BENEFICIARY

I,	
with identity num	ber, the original beneficiary of the above deceased, authorise (the Receiver)
to receive the bene	efits 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.
I cannot hold Old	ie claim and collect the benefits from Old Mutual. The Funeral Parlour will settle any payments and if there is any excess they will give it to me. Mutual responsible for this, as the arrangement is between the Funeral Parlour and myself. Should the Receiver not pay the remainder of the w and understand that I will not have a claim against Old Mutual for the shortfall, as the arrangement for the payment is between the Receiver
Signature	Date D D M M Y Y Y Y
BANKING DE	TAILS OF THE PERSON CLAIMING
accountholder	
Bank name	
Branch name	Branch code
Account number	
Account type:	Current Savings Transmission
Claim amount	
Street address	
	Postal code

## PROTECTION OF PERSONAL INFORMATION

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please sms your ID number to 30994 if you would prefer not to receive such information and/or financial services.

The Old Mutual Group may use, share or obtain your personal information (including criminal and/or health information) for the following purposes:

- Underwriting
- · Assessment and processing of claims
- · Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- · Verification of personal information (including your identity, address and banking details)
- · Updating your personal information
- · Claims checks (Industry Life and Claims Register(s))
- · Tracing beneficiaries
- · Debt tracing or debt recovery
- $\cdot$  Tracing you where you are uncontactable
- $\cdot \ \, \text{Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening)} \, \text{or other malpractice} \, \\$
- · Market or customer satisfaction research or statistical analysis
- · Audit and record keeping purposes
- Compliance with legal and regulatory requirements and in connection with legal proceedings
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You agree that Old Mutual may view, search and update your information.

You may access your personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are: http://www.justice.gov.za/inforeg/index.html

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	C	Pate D D	M	1 Y	Υ	Υ	Υ
Signature of guardian (If a claimant is under the age of 18)		Pate D D	M	1 Y	Υ	Υ	Υ



