



SPOUSE'S GROUP LIFE CLAIM FORM

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002

Please attach the following:

- Copy of death certificate, certified by a Commissioner of Oaths or the SAPS (if handwritten abridged, letter from the Department of Home Affairs with reason),
- Certified copy of member's identity document,
- Member's latest payslip,
- Certified copy of spouse's identity document,
- Marriage certificate or labolla agreement, or
- Employer records, Medical Aid Nomination Form, or Beneficiary Nomination Form from any other insurance policy,
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- If none of the above is available, we will consider accepting an affidavit from a third party, e.g. parent of the deceased.

SCHEME DETAILS

Scheme name

Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number

Date of birth

EMPLOYER DETAILS

Name

Address

Postal code

Telephone Code Number

Email address

Date employed

Date cover commenced

Date of death

Cause of death Accident YES NO

PAYMENT DETAILS

Benefit payable to:

Employer Beneficiary

The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract.

Bank account details

Name of account holder Identity number

Name of bank Name of branch

Account number Branch code

Type of account Savings Cheque Transmission

Address to which confirmation of payment should be sent:

Contact person

Postal address

Postal code

Email address

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as and duly authorised to make this declaration, hereby declare:

- i. That the person whose death gave rise to this claim has in fact died and was a legitimate member of the scheme.
- ii. That at the time of his/her death the:
 - a) salary on which the premium was paid was R and
 - b) cover amounted to R
- iii. That payment of the proceeds, due in respect of the above member, in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of this member.

I/We hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me/us.

I/We hereby instruct Old Mutual Corporate to pay the Group Life Assurance benefit due to the persons below.

Signed at on this day of 20

Name

Signature

**OFFICIAL
COMPANY
STAMP**



Old Mutual is a Licensed Financial Services Provider