

REQUEST TO PAY A BENEFIT TO SOMEONE OTHER THAN THE BENEFICIARY

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. They will handle the 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. I cannot hold Old Mutual responsible for this, as the arrangement is between the Funeral Parlour and myself. Should the Receiver not pay the remainder of the funds to me, I know 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 and me.

Signature Date

BANKING DETAILS OF THE BENEFICIARY/RECEIVER

Name of account holder

Bank name

Branch name Branch code

Account number

Account type Current Savings Transmission

Claim amount

Street address

Postal code

DECLARATION BY CLAIMANT

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.

Signature Date

Signature of Guardian Date

(If a child is under the age of 18)



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