



Please print in block letters using black or blue ink.

Loan reference number

[illegible]

THIS FORM MUST BE SUBMITTED TO OLD MUTUAL NIGERIA.

DETAILS OF INSURED PERSON (This section must always be completed.)[illegible][illegible]

Date of birth DD MM YY YY

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|------------|---|---|---|---|---|---|---|---|
| Start date | D | D | M | M | Y | Y | Y | Y |
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[illegible]

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|---------------|---|---|---|---|---|---|---|---|
| Date of event | D | D | M | M | Y | Y | Y | Y |
|---------------|---|---|---|---|---|---|---|---|

Event type: ☐ Death ☐ Disability ☐ Retrenchment ☐

Cause of death (if applicable)

[illegible]

Please attach the following:

Death Claim:

- ☐ A certified copy of the death certificate or death report certified by a doctor or affidavit of death sworn by a Commissioner of Oaths
- ☐ A certificate copy of coroner's inquest certificate
- ☐ Burial certificate and obituary extract
- ☐ Copy of the bank loan application form
- ☐ Copy of last 3 months' loan statements
- ☐ Police Report (where an accident is involved)

Permanent Disability Claim:

- ☐ Medical diagnosis and Prognosis report
- ☐ Medical records and opinions in support of the disability
- ☐ A certified copy of the ID document of the life insured
- ☐ Copy of the bank loan application form
- ☐ Copy of last 3 months' loan statements
- ☐ Police Report (where an accident is involved)

Retrenchment Claim:

- ☐ A certified copy of the ID document of the life insured
- ☐ The retrenchment notification letter received from the employer
- ☐ Copy of the bank loan application form
- ☐ Copy of last 3 months' loan statements
- ☐ Letter of employment and confirmation

POLICYHOLDER OFFICIAL'S DETAILS

[illegible]

Signature _____

| | |
|-------------|--|
| Designation | |
|-------------|--|

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

OFFICIAL
STAMP