



**PLEASE RETURN THE COMPLETED FORM AND THE RELEVANT ANNEXURES TO:**

<p><b>Orion</b> Claims Department Old Mutual SuperFund-Orion PO Box 728 Cape Town 8000</p> <p>Fax: 021 509 5770/1 Tel: 0860 203 040</p>	<p><b>Evergreen</b> Claims Department Old Mutual SuperFund-Evergreen PO Box 167 Cape Town 8000</p> <p>Fax: 0860 383 848 Tel: 0860 203 040</p>	<p><b>Easy Benefit Plan</b> Claims Department Old Mutual SuperFund-Easy Benefit Plan PO Box 167 Cape Town 8000</p> <p>Fax: 0860 383 848 Tel: 0860 203 040</p>	<p><b>Protector</b> Claims Department Old Mutual Protector Preservation Fund PO Box 1 Mutualpark 7451</p> <p>Fax: 021 504 9384 Tel: 0860 203 040</p>
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**Please read the following instructions carefully before completing this form.**

**If you need assistance with the completion of the form, please contact us on the numbers provided above.**

**Q: Who must complete this form?**

This form must be completed by a family member, employer or other person with personal knowledge of the deceased's circumstances. We reserve the right to corroborate all information.

**N.B.** Full completion of this form is **compulsory**. The form, all Annexures and supporting documents must be signed in the presence of a Commissioner of Oaths by (a) the person who completed the form and (b) the Commissioner him/herself.

**Q: How is a Pension, Provident and Preservation Fund different from any other policy?**

The distribution of Pension, Provident and Preservation Fund Death Benefits is governed by Section 37C of the Pension Funds Act.

**N.B.** In order for the Trustees of the Fund to decide to whom the proceeds are to be paid, the questions need to be answered as comprehensively as possible. Please note that incomplete information may delay the payment of the claim. **Further information may also be requested at a later stage.**

**Q: What is the purpose of a Pension, Provident and Preservation Fund?**

The purpose of a Pension, Provident and Preservation Fund is to provide for dependants who were dependent on the deceased during his lifetime.

**Q: Who qualifies to be considered by the Trustees?**

For the disposition of death benefits, the following persons qualify as dependants in terms of the Pension Funds Act:

- Spouses, Life/Civil Union Partners
- Children (biological, adopted and children born outside of marriage)
- Anyone proven to be factually dependent on the deceased for maintenance/financial support
- Anyone to whom the deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children)

Due to an amendment to the Pension Funds Act effective on 30 June 1989, a beneficiary who was nominated **before** 30 June 1989 can only be considered if he or she is a dependant as defined in the Pension Funds Act at the date of death, or if there are no other dependants. Beneficiaries who were nominated **on or after** 30 June 1989, will be considered along with other qualifying dependants.

Being nominated does not automatically entitle a person to a benefit, it only entitles a nominee to be considered when the equitable distribution of the benefit is made.

**Q: What is pre-required when instituting a claim?**

We require the documents listed below and completion of the relevant Annexures by each claimant listed on this form. Note that each claimant must sign their own Annexures. Please return these forms to us as soon as possible.

- Death certificate (certified copy of original)
- Completed statement of income & expenses, assets & liabilities (see Annexure B and C – make a copy for each potential dependant).
- If any of the parties do not wish to be considered, Annexure A **must** be completed.
- Last Will & Testament or Next of Kin Affidavit (J192). The Next of Kin Affidavit must be completed if the member died without a Last Will and Testament, and must be completed by the person who is reporting the member's estate to the Master of the High Court. This form is obtainable from the offices of the Master of the High Court or a Magistrate's Court.
- Death Notice (J294). This form must be completed by the person who is reporting the member's estate to the Master of the High Court, and is obtainable from the offices of the Master of the High Court or a Magistrate's Court.
- A copy of the Letter of Executorship/Authority.
- A copy of the deceased's last salary advice.
- Copies of Beneficiary Nomination Forms.
- Proof of age (certified copy of original ID documents/birth certificates) for the deceased, spouse, children and/or nominated beneficiary/ies.
- Marriage certificate (certified copy of original) or sworn affidavit (i.r.o. customary marriages).
- Original certified copy of divorce court order and/or maintenance court order (where applicable).
- Proof of continued education in the case of eligible children over the age of 18 but under the age of 23 who are students.
- Medical certificate, in the case of a child who is totally incapacitated.
- Proof of caregiver/guardianship (sworn affidavit; if the caregiver is not the biological parent, provide an explanation of where the natural parent is).
- Management board's or employer's benefit payment recommendation to Trustees, including reasons for allocation.
- Original certified copy of the Trust Deed, if benefits are to be paid to a Trust.
- Application form (if payment made to a Beneficiary Fund).

## Section 37C of the Pension Funds Act

### Q: What are the duties of the Trustees?

- A) One of the important duties of the Board of Trustees of the Fund is the distribution of death benefits upon the death of a member. In terms of Section 37C of the Pension Funds Act 1956, Trustees are required to:
- Identify and trace dependants and nominated beneficiaries of the deceased member of the Fund (where tracing costs are incurred, such costs will be deducted from the respective allocated benefit),
  - Establish and investigate each dependant's financial and other circumstances,
  - Allocate death benefits on a fair and equitable basis.
- B) In terms of the provisions of Section 37C, any benefit payable by a Fund at the death of a member, will be dealt with as follows:
- (a) If the Fund within twelve months of the death of the member becomes aware of, or traces a dependant(s) of the member and the member has not nominated a nominee(s), the benefits shall be paid to one or all such dependants, as may be deemed equitable by the Trustees.
  - (b) If the Fund does not become aware of or cannot trace any dependant(s) of the member within twelve months of the death of the member, and the member has designated in writing to the Fund a nominee(s) who is not a dependant of the member, the benefit of such portion of the benefit as is specified by the member in writing to the Fund, shall be paid to such nominee(s), only to the extent to which the benefit exceeded the outstanding debt against the estate, if the member is insolvent.
  - (c) If the Fund does not become aware of or cannot trace any dependant(s) of the member within twelve months of the death of the member and if the member has not designated a nominee(s), the benefit shall be paid into the estate of the member.
  - (d) The Fund respects your privacy and the confidentiality of your personal information. The personal information that you supply to the Fund in this form will only be used and processed:
    - For the purpose of distribution of the death benefits to which this form relates and any other purpose(s) to which you have specifically consented.
    - To the extent necessary to enable the Fund to meet its obligations to you and comply with its legal obligations.
    - Not to be divulged to a third party other than as provided for in the law (i.e. PFA complaints).

**IT IS IN YOUR OWN INTEREST TO COMPLETE AND SUBMIT THIS FORM AND ITS ANNEXURES AS QUICKLY AS POSSIBLE, AS WE ARE ONLY ABLE TO PROCEED WITH THIS CLAIM ONCE WE HAVE PROCESSED AND CONSIDERED ALL THE REQUIRED INFORMATION.**

**PLEASE COMPLETE THE RELEVANT ANNEXURES THAT ARE PART OF THIS FORM.**

- Annexure A: To be completed by any potentially dependent adult, who does NOT WISH to claim any benefits**
- Annexure B: Statement of Income and Expenses (to be completed by surviving spouse)**
- Annexure C: Statement of Assets and Liabilities (to be completed by surviving spouse)**
- Annexure D: Sworn Statement by Permanent Life Partner**
- Annexure E: Sworn Statement of dependency on the deceased**
- Annexure F: Police report relating to unnatural deaths**
- Annexure G: Affidavit - Confirmation of Dependants to be completed by a NON-FAMILY MEMBER (this annexure is COMPULSORY)**

Please print in block letters using black or blue ink.

Evergreen  Orion  Easy Benefit Plan  Protektor

**1. DETAILS OF THE DECEASED**

Scheme code(s)

Old Mutual member reference number

Title

Full name(s)

Surname

Identity number

Date of birth   
D D M M Y Y Y Y

Date of death   
D D M M Y Y Y Y

Passport number (if no identity number)  Country of issue

Income tax number  Tax office

Home telephone: Code  No.

Cellphone

Date when the deceased became a permanent employee   
D D M M Y Y Y Y

Date when the deceased joined the scheme   
D D M M Y Y Y Y

Annual salary for the previous tax year (for pensioners, the monthly pension and all other income) R

Last residential address of the deceased (not box number)  Postal code

Last postal address of the deceased  Postal code

**2. REGARDING THE MARITAL OR PARTNERSHIP STATUS OF THE DECEASED (COMPULSORY SECTION)**

PLEASE MARK ALL APPLICABLE BLOCKS WITH AN "X".

Married (including customary and religious unions, civil marriages and civil partnerships)	Complete sections 3.1, 3.2 and 5
Married with more than one spouse according to customary union	Complete sections 3.1, 3.2, 4 and 5
Married, but separated	Complete sections 3.1, 3.2, 5 (and 6 if living with a permanent life partner)
Divorced	Complete sections 3.1 and 7
Widowed	Complete section 3
Never married	Complete section 3
Permanent life partnership	Complete sections 3.1 and 6

**2.1 LIST OF ALL PREVIOUS AND SURVIVING SPOUSES (COMPULSORY SECTION)**

\* If any of the previous spouses are deceased or were divorced from the deceased at date of death, please provide us with a copy(ies) of the Death Certificate(s) or Divorce Orders AND Agreements.

	Full names & surname	Date of birth	Date married	Date divorced *(if applicable)	Date of death *(if applicable)
1.					
2.					
3.					
4.					

## 2.2 DETAILS OF SURVIVING SPOUSE

2.2.1 Full names

Surname  Date of birth   
D D M M Y Y Y Y

Identity number  Date married   
D D M M Y Y Y Y

Income tax number  Tax office

Maiden/previous surname(s)

Residential address  Postal code

Postal address  Postal code

Telephone: (H) Code  No.

Telephone: (W) Code  No.  Cell

E-mail address

Was/is the surviving spouse employed:  at date of death?  currently?

2.2.2 Banking details

Name of Account holder  Branch name

Name of bank  Branch code

Account number  Type of account

Account holder relationship (either own, joint or third party)

2.2.3 Did this spouse live with the deceased **at date of death**? Yes  No

2.2.4 If this spouse did not live with the deceased, since when were they living apart?   
D D M M Y Y Y Y

2.2.5 If spouses lived apart, please supply us with the following information (If preferred, the answer to this question may be sent to us separately):

2.2.5.1 A description of the relationship between the spouse and the deceased.

2.2.5.2 If the relationship was poor, please advise us of the reason(s) therefor.

2.2.5.3 Was the deceased assisting the spouse financially at date of death? Yes  No

2.2.5.4 If so, we require full details thereof.

2.2.6 If the deceased did not live with a spouse at the date of death, who was the deceased living with?

Full names

Surname

Identity number  Date of birth   
D D M M Y Y Y Y

Income tax number  Tax office

Residential address  Postal code

Postal address  Postal code

Telephone: (H) Code  No.  Cellphone

Telephone: (W) Code  No.

E-mail address

How long was the deceased living at this address?

**Please attach hereto:**

- (a) Completed Annexure B (Statement of Income and Expenses)
- (b) Completed Annexure C (Statement of Assets and Liabilities)

- (c) Copy of marriage certificate (customary or civil)
- (d) Copy of identity document of spouse

**3. DETAILS OF OTHER SURVIVING SPOUSE(S) (Please make copies if necessary)**

3.1 Full names

Surname  Date of birth   
D D M M Y Y Y Y

Identity number  Date married   
D D M M Y Y Y Y

Income tax number  Tax office

Maiden/previous surname(s)

Residential address

Postal address  Postal code

Telephone: (H) Code  No.

Telephone: (W) Code  No.

Cellphone

E-mail address

3.2 Banking details

Name of Account holder  Branch name

Name of bank  Branch code

Account number  Type of account

Account holder relationship (either own, joint or third party)

3.3 Did this spouse live with the deceased **at date of death**? Yes  No

3.4 If this spouse did not live with the deceased, since when were they living apart?   
D D M M Y Y Y Y

3.5 If spouses lived apart, please supply us with the following information (If preferred, the answer to this question may be sent to us separately):

3.5.1 A description of the relationship between the spouse and the deceased.

3.5.2 If the relationship was poor, please advise us of the reason(s) therefor.

3.5.3 Was the deceased assisting the spouse financially at date of death? Yes  No

3.5.4 If so, we require full details thereof.

3.6 If the deceased did not live with a spouse at the date of death, who was the deceased living with?

Full names

Surname

Identity number  Date of birth   
D D M M Y Y Y Y

Income tax number  Tax office

Residential address

Postal address  Postal code

Telephone: (H) Code  No.  Cellphone

Telephone: (W) Code  No.

E-mail address

How long was the deceased living at this address?

- Please attach hereto:**
- (a) Completed Annexure B (Statement of Income and Expenses)
  - (b) Completed Annexure C (Statement of Assets and Liabilities)
  - (c) Copy of marriage certificate (customary or civil)
  - (d) Copy of identity document of spouse



**6. DIVORCED**

This section must be completed in respect of each previous spouse (Please make copies if necessary)

6.1 How many times had the deceased been divorced?

6.2 Previous spouse's details:

Full names

Surname  Date of birth

Date married  Date divorced

Identity number

Income tax number  Tax office

Residential address

Postal address  Postal code

Telephone: (H) Code  No.

Telephone: (W) Code  No.

Cell

E-mail address

6.3 Banking details

Name of Account holder  Branch name

Name of bank  Branch code

Account number  Type of account

Account holder relationship (either own, joint or third party)

6.4 Please state whether the ex-spouse and the deceased lived together after their divorce. Yes  No

6.5 If the ex-spouse lived with the deceased **at date of death**, please state since when.

6.6 Has the ex-spouse remarried? Yes  No  If "Yes", please supply copy of marriage certificate.

6.7 If not remarried, is the ex-spouse living with someone as husband and wife? Yes  No

6.8 Please state whether the deceased was maintaining the ex-spouse **at date of death** or had undertaken to maintain the ex-spouse: either voluntarily Yes  No  or in terms of a maintenance order/agreement Yes  No

If maintenance was voluntary, please complete and attach Annexure E.

6.9 Were arrangements made/will they still be made for the payment of maintenance to the ex-spouse after date of death? Yes  No

If "Yes", please supply details (i.e. claim against the deceased's estate).

6.10 Monthly maintenance at date of death payable in respect of:

Ex-spouse R

Child(ren) R

**Please attach hereto:**

- (a) a copy of the Divorce Order AND Agreement;
- (b) a copy of the identity document of the previous spouse;
- (c) a copy of the Marriage Certificate if remarried;
- (d) completed Annexure E (Sworn statement of dependency on the deceased), if applicable.

**7. ALL CHILDREN OF THE DECEASED  
(BIOLOGICAL, ADOPTED, FOSTER, BORN OUTSIDE OF MARRIAGE AND PREDECEASED) REGARDLESS OF AGE**

If the deceased had **NO** children, please mark this block with an "X"

If children do not wish to be considered for the allocation of benefits, please complete Annexure A or a separate affidavit.

If Annexure A is completed by any of the children, they must still be listed below.

All major children who wish to be considered must complete Annexure B & C, and supply us with copies of the following documents:

- Identity documents of all children;
- Adoption papers of all adopted children;
- Baptismal certificates or full birth certificates of children born out of wedlock;
- If disabled, please provide supporting medical evidence.

**LIST OF ALL CHILDREN OF THE DECEASED**

(If more space is needed, please make copies before completing this section)

Full names and surname of the child	Identity number of the child	Income tax number	Tax office
<b>In whose care is the child currently?</b>		<b>Full names of the biological/adoptive parents of the child</b>	
<b>Child's postal address</b>	<b>Please tick the applicable block:</b> <input type="checkbox"/> Scholar <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Disabled (provide proof of disability)		<b>Relationship to the deceased:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Adopted (provide proof of adoption) <input type="checkbox"/> Foster <input type="checkbox"/> Stepchild <input type="checkbox"/> Outside of marriage <input type="checkbox"/> Other
<b>E-mail address</b>	<b>If disabled, is the child receiving a social grant?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Telephone (Business Hours)</b>	<b>Occupation of the child (if employed)</b>		
<b>Cellphone</b>			
<b>Banking details (where applicable)</b>			
Name of Account holder <input style="width: 80%;" type="text"/>		Branch name	<input style="width: 80%;" type="text"/>
Name of bank <input style="width: 80%;" type="text"/>		Branch code	<input style="width: 80%;" type="text"/>
Account number <input style="width: 80%;" type="text"/>		Type of account	<input style="width: 80%;" type="text"/>
Account holder relationship (either own, joint or third party) <input style="width: 80%;" type="text"/>			

Full names and surname of the child	Identity number of the child	Income tax number	Tax office
<b>In whose care is the child currently?</b>		<b>Full names of the biological/adoptive parents of the child</b>	
<b>Child's postal address</b>	<b>Please tick the applicable block:</b> <input type="checkbox"/> Scholar <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Disabled (provide proof of disability)		<b>Relationship to the deceased:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Adopted (provide proof of adoption) <input type="checkbox"/> Foster <input type="checkbox"/> Stepchild <input type="checkbox"/> Outside of marriage <input type="checkbox"/> Other
<b>E-mail address</b>	<b>If disabled, is the child receiving a social grant?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Telephone (Business Hours)</b>	<b>Occupation of the child (if employed)</b>		
<b>Cellphone</b>			
<b>Banking details (where applicable)</b>			
Name of Account holder <input style="width: 80%;" type="text"/>		Branch name	<input style="width: 80%;" type="text"/>
Name of bank <input style="width: 80%;" type="text"/>		Branch code	<input style="width: 80%;" type="text"/>
Account number <input style="width: 80%;" type="text"/>		Type of account	<input style="width: 80%;" type="text"/>
Account holder relationship (either own, joint or third party) <input style="width: 80%;" type="text"/>			

**LIST OF ALL CHILDREN OF THE DECEASED (continued)**

Full names and surname of the child	Identity number of the child	Income tax number	Tax office
In whose care is the child currently?		Full names of the biological/adoptive parents of the child	
Child's postal address	<b>Please tick the applicable block:</b> <input type="checkbox"/> Scholar <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Disabled (provide proof of disability)		<b>Relationship to the deceased:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Adopted (provide proof of adoption) <input type="checkbox"/> Foster <input type="checkbox"/> Stepchild <input type="checkbox"/> Outside of marriage <input type="checkbox"/> Other
E-mail address	<b>If disabled, is the child receiving a social grant?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
Telephone (Business Hours)	Occupation of the child (if employed)		
Cellphone			
<b>Banking details (where applicable)</b>			
Name of Account holder <input type="text"/>		Branch name	<input type="text"/>
Name of bank <input type="text"/>		Branch code	<input type="text"/>
Account number <input type="text"/>		Type of account	<input type="text"/>
Account holder relationship (either own, joint or third party) <input type="text"/>			

Full names and surname of the child	Identity number of the child	Income tax number	Tax office
In whose care is the child currently?		Full names of the biological/adoptive parents of the child	
Child's postal address	<b>Please tick the applicable block:</b> <input type="checkbox"/> Scholar <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Disabled (provide proof of disability)		<b>Relationship to the deceased:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Adopted (provide proof of adoption) <input type="checkbox"/> Foster <input type="checkbox"/> Stepchild <input type="checkbox"/> Outside of marriage <input type="checkbox"/> Other
E-mail address	<b>If disabled, is the child receiving a social grant?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
Telephone (Business Hours)	Occupation of the child (if employed)		
Cellphone			
<b>Banking details (where applicable)</b>			
Name of Account holder <input type="text"/>		Branch name	<input type="text"/>
Name of bank <input type="text"/>		Branch code	<input type="text"/>
Account number <input type="text"/>		Type of account	<input type="text"/>
Account holder relationship (either own, joint or third party) <input type="text"/>			

**8. FINANCIAL DEPENDANTS OF DECEASED (Not previously mentioned)**

8.1 State all persons (except the spouse/children already stated) who were financially dependent on the deceased **at date of death** (i.e. aged parents, etc.).

**Each of the person(s) below must complete Annexures B, C and E.**

**(If more space is needed, please make copies before completing this section)**

Full names	<input type="text"/>	Surname	<input type="text"/>
Identity number	<input type="text"/>	Telephone number or e-mail address	<input type="text"/>
Income tax number	<input type="text"/>	Tax office	<input type="text"/>
Current address or contact details	<input type="text"/>		
Relationship to the deceased	<input type="text"/>		
Name of Account holder	<input type="text"/>	Branch name	<input type="text"/>
Name of bank	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	<input type="text"/>
Account holder relationship (either own, joint or third party)	<input type="text"/>		

Full names	<input type="text"/>	Surname	<input type="text"/>
Identity number	<input type="text"/>	Telephone number or e-mail address	<input type="text"/>
Income tax number	<input type="text"/>	Tax office	<input type="text"/>
Current address or contact details	<input type="text"/>		
Relationship to the deceased	<input type="text"/>		
Name of Account holder	<input type="text"/>	Branch name	<input type="text"/>
Name of bank	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	<input type="text"/>
Account holder relationship (either own, joint or third party)	<input type="text"/>		

Full names	<input type="text"/>	Surname	<input type="text"/>
Identity number	<input type="text"/>	Telephone number or e-mail address	<input type="text"/>
Income tax number	<input type="text"/>	Tax office	<input type="text"/>
Current address or contact details	<input type="text"/>		
Relationship to the deceased	<input type="text"/>		
Name of Account holder	<input type="text"/>	Branch name	<input type="text"/>
Name of bank	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	<input type="text"/>
Account holder relationship (either own, joint or third party)	<input type="text"/>		

Full names	<input type="text"/>	Surname	<input type="text"/>
Identity number	<input type="text"/>	Telephone number or e-mail address	<input type="text"/>
Income tax number	<input type="text"/>	Tax office	<input type="text"/>
Current address or contact details	<input type="text"/>		
Relationship to the deceased	<input type="text"/>		
Name of Account holder	<input type="text"/>	Branch name	<input type="text"/>
Name of bank	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	<input type="text"/>
Account holder relationship (either own, joint or third party)	<input type="text"/>		

8.2 Did the deceased have any other possible dependants at date of death? Yes  No   
 If so, please provide full details in Section 10 below.

## 9. ADDITIONAL INFORMATION

Please provide any information regarding family circumstances or other factors, which you think the Trustees should know of and which will help them to distribute the benefits equitably. Details regarding the financial circumstances of dependants and nominees, and further needs of dependants, will be very helpful. Where surnames differ, please clarify with detailed explanation.


## 10. DETAILS OF EXECUTOR

Has the death been reported to the Master of the High Court? Yes  No

If an estate has been registered, is the estate solvent? Yes  No

Full names/surname of executor

Employed by (name of company/firm/person)

Telephone: Code  No.

Fax: Code  No.

E-mail address

Postal address   
 Postal code

## 11. DETAILS OF OTHER PENSION/PROVIDENT FUND OF WHICH THE DECEASED WAS A MEMBER

Name of Fund

Member number of deceased

Name of company who administrates above-mentioned Fund

### Contact person at the Fund:

Full names and surname

Telephone: Code  No.

Fax: Code  No.

E-mail address

Postal address   
 Postal code

## 12. LIST OF ALL DECEASED'S POLICIES WITH OTHER COMPANIES AND ANY OTHER AMOUNTS PAYABLE AS A RESULT OF THE MEMBER'S DEATH (I.E. PENSION/PROVIDENT FUNDS)

Company/Name of Fund and policy number	Nominated beneficiary(ies) or person likely to receive benefit	Death value	Date paid

### 13. DETAILS OF DECEASED'S EMPLOYER

13.1 Name of employer

**Contact person:**

Name and surname

Telephone: Code  No.  Cell

Fax: Code  No.

E-mail address

Postal address

Postal code

13.2 If self-employed, name of company or close corporation

13.3 **Prior claim by employer or divorce order?** Yes  No

If **yes**, please attach proof as mentioned in brackets below.

**Allowable Deductions (valid prior claims)**

According to current legislation, a Fund may make ONLY the following deductions from a member's benefit:

- a loan granted to the member by the fund for the purposes of financing housing or home improvements (proof of housing loan agreement and settlement value);
- any amount for which the fund is liable under a guarantee furnished in respect of a loan granted by, for example, a bank for the purposes of housing (please indicate if relevant and name of financial institution);
- compensation in respect of any damage caused to the employer as a result of theft, dishonesty, fraud or misconduct of a member, and in respect of which the member has in writing admitted liability to the employer or judgement has been obtained against a member in any court of law (written admission of liability by member i.r.o. theft, dishonesty, fraud or misconduct of a member, and/or court case number or original certified copy of court judgement);
- deductions in terms of the Divorce Amendment Act of 1989, where benefits payable under the Fund have been made part of a divorce order by the High Court (attach original certified copy of the divorce court order).

13.4 Was any period of service served outside RSA? Yes  No

If **yes**, complete table below and attach confirmation letter from employer of service rendered outside RSA.

Period from (DD/MM/YYYY)	Period to (DD/MM/YYYY)	Country

13.5 On what date was the deceased last actively at work?

D D M M Y Y Y Y

13.6 Is death due to an accident? Yes  No

If covered for Accidental Death, please attach an original certified copy of police accident report (see Annexure F).  
If death due to an unnatural cause, please attach a sworn affidavit providing a full explanation of circumstances leading to death and/or an original certified copy of police report.

**CONFIRMATION BY EMPLOYER**

I,  (full names and surname) declare that to the best of my knowledge:

- all particulars provided in this document and the accompanying documentation are true and correct;
- the options in terms of the Rules of the Fund have been fully explained to the beneficiaries.

Signed at  this  day of  20

Signature

Official Company Stamp

Telephone: Code  No.

Designation

### 14. SWORN DECLARATION (COMPULSORY)

- The Trustees have a statutory duty in terms of section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the deceased member, and the Act confers upon the trustees a discretion to allocate death benefits available under the policy or policies to dependants of the deceased and/or nominated beneficiaries of the deceased.
- Please ensure that all information, including details of your income, expenditure, means and assets, and your relationship with the deceased, as requested on this form including all of its Annexures, are fully and accurately recorded to assist the Trustees in making a fair and appropriate allocation of death benefits under the relevant policy/policies.
- Please note further that the Trustees may deem it necessary to submit for comment and input, the information provided by you to other dependants and nominated beneficiaries of the deceased, to verify the information provided, when conflicting information is received by them or should they deem this necessary to establish the facts.

**N.B.:** Any misrepresentations, either expressly or by omission, will be viewed in a serious light, and will prejudice your prospects of receiving any allocation of the death benefits or part thereof, under the policy/policies.

