

## DEATH NOTIFICATION

Name of Retirement Scheme:

Name of Employer/Paypoint:

### MEMBER'S PARTICULARS (please complete in full)

Surname\*

First names\*

Maiden name\*

ID/Passport number\*  Country of issue  Date of birth

Residential address\*  
Unit number  Complex   
Street number  Street/Farm name   
Suburb  City/Town   
Country  Code

Postal address\*  
  
  
 Code

Employee number  Date of employment

Date of death\*

Cause of death (if known)  Accidental  Not accidental

Annual salary on which death benefit is based R ,

Period of employment outside RSA prior to death\*  Completed years From  to

Income tax number\*  Revenue office

\*Completing of the above fields are mandatory as per the South African Revenue Services (SARS) minimum requirements. Failure to complete these required fields will result in the claim being rejected. The Fund and /or the administrator will not be held liable for negative returns as a result of market fluctuations as a result of the employer failing to complete the mandatory fields on this form in full. Settlement of claims will be delayed, where the minimum requirements for a valid claim have not been met.

### DOCUMENTATION TO BE ATTACHED (Certified copies required)

Member's proof of age  Member's death certificate  Proof of age for dependant children  Trustees' disposal resolution\*  
 Member's marriage certificate  Proof of age of spouse  Nomination of beneficiary form

\*The claim form needs to be lodged as soon as possible. If the disposal instructions are not available, they should follow later.

### ARE YOU AWARE OF ANY DIVORCE OR MAINTENANCE COURT ORDER ISSUED AFFECTING THE PAYMENT OF FUND BENEFITS?

Yes  No If yes, please provide a copy of the court order.

### INDEBTEDNESS TO EMPLOYER TO BE RECOVERED FROM BENEFITS (Deductions as per section 37D of the Pension Funds Act)

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#### Section 37D of the Pension Funds Act

The section provides two instances when a fund may deduct amounts from a member's benefit. These are:

- When the member owes the fund or his employer money for an outstanding housing loan given by the fund or the employer or where the fund or employer provided a guarantee for a housing loan taken by the member and the guarantee is enforced.
- In the event of an employer suffering loss due to an employee's theft, dishonesty, fraud or misconduct, where the employee has admitted liability in writing or a court judgement has been obtained. In such instances, a copy of the court order or the member's admission of liability for the loss must be attached.

### IMPORTANT NOTES ON DEATH CLAIMS:

- Alexander Forbes / the insurer must be notified of the death of a member within 3 months of the death of the member.
- All documentation in support of the claim must be provided to Alexander Forbes / the insurer within 12 months of the death of a member.

The above timeframes are guidelines only. The timeframes specific to this fund may be shorter than those mentioned above as it is dependent on the terms & conditions reflected in the fund's policy document. Failure to meet the applicable timeframes will result in the repudiation of the claim i.e. no insured benefit will be payable.

In terms of legislation, any benefit which is due and which has not been paid within 24 months from the date it first became due in terms of the rules of the fund will become an "unclaimed benefit" and may be transferred to an unclaimed benefit fund.

**DETAILS OF ADVANCE PAYMENT (if required)**

Please note that if an advance payment is to be made we will require either that a trustee signs the claim form or that a separate letter, signed by a trustee, accompanies the claim form as authorisation to make the advance.

Beneficiary's surname\*

Beneficiary's first names\*

ID/Passport number\*  Date of birth

Relationship to deceased

Amount required R  ,

**PAYMENT INSTRUCTIONS**

**Please note:**

- Ensure that the bank account details supplied is in respect of **spouse's/beneficiary's own account and the account holder's name match that on the bank account**

**Beneficiary's banking details** (if more than one beneficiary please show banking details and postal addresses on a separate page)

Account holder's name

Account number

Branch code  Type of account  Current  Savings

Name of bank

Name of branch

Beneficiary's residential address

Unit number  Complex

Street number  Street/Farm name

Suburb  City/Town

Country  Code

Beneficiary's postal address

Code

Telephone number where beneficiary can be contacted

Home  C O D E N U M B E R  Work  C O D E N U M B E R

Cell  Email

Income tax number\*  Revenue office

Failure to complete the above in full may result in a delay in settlement of this claim.

**TRUSTEE'S AUTHORISATION OF ADVANCE PAYMENT**

Signature \_\_\_\_\_ Trustee's name (please print) \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER'S DECLARATION**

It is hereby confirmed and warranted that the

- employer has deducted the required contribution to date of death and it was paid to the Fund
- information contained herein is correct and, in particular, that the beneficiary's banking details provided above have been confirmed as correct
- employer has provided the beneficiary with the contact details for the Individual Advice Centre.

The employer hereby unconditionally absolves the fund and Alexander Forbes and as necessary indemnifies and keeps indemnified the fund and Alexander Forbes from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Alexander Forbes, on behalf of the fund, relying on and using any information supplied by the employer.

Employer's stamp

Authorised signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Designation \_\_\_\_\_

Contact number \_\_\_\_\_ Date \_\_\_\_\_