

DEATH CLAIM: FINANCIAL NEEDS ANALYSIS

This analysis will be used as a guide to determine the circumstances of the guardians, dependants and nominees and what their critical needs are.

FUND NAME _____

DETAILS OF DECEASED

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

PERSONAL DETAILS

SURNAME _____ FIRST NAMES _____

MARITAL STATUS _____ RELATIONSHIP TO DECEASED _____

HIGHEST GRADE / EDUCATIONAL QUALIFICATION ACHIEVED _____

EMPLOYMENT DETAILS

Are you employed?

- WEEKLY
 MONTHLY
 SELF-EMPLOYED
 UNEMPLOYED

Select the appropriate level of net earnings:

- R 50 – R 1 000
 R 1 001 – R 5 000
 R 5 001 – R 10 000
 R 10 001 – R 20 000
 GREATER THAN R 20 001

What is your occupation and how long have you been employed? _____

If unemployed, were you supported by the deceased? YES NO

If 'YES', please state the Rand amount / the type of support and frequency of support: _____

EXPENDITURE DETAILS

Do you own any investments e.g. retirement annuities, unit trusts or shares? YES NO

If 'YES', please state the type of investment: _____

Do you have a financial advisor? YES NO

If 'YES', please provide details of your financial advisor: _____

If 'NO', how do you intend investing this benefit? _____

Do you have a bank account? YES NO If 'YES', please provide a copy of your bank statement.

Have you ever had a judgment against you for non-payment of debt? YES NO

If 'YES', please provide details: _____

Have you ever been declared insolvent or been placed under an administration order? YES NO

If 'YES', please provide details: _____

What is the largest sum of money you have ever dealt with? _____

Do you own or rent your residence? OWN RENT

If you 'OWN' your residence, what is the amount you owe on the bond? _____

Do you have a separate policy covering the settlement of this bond amount? _____

GUARDIAN'S / DEPENDANTS PERSONAL EXPENDITURE (ESTIMATED)

INCOME	
Basic salary	R
Maintenance	R
Social grants	R
Other	R
TOTAL	R

EXPENDITURE	
Bond / rent	R
Transport	R
Rates, water and electricity	R
School and education	R
Food & household	R
Entertainment	R
Insurance	R
Hire purchase / clothing accounts	R
Maintenance	R
Savings	R
Garnishee orders	R
TOTAL	R

TAKE HOME PAY	R
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DECLARATION

I hereby declare that the details provided herein are true and correct.

SIGNED AT _____ ON THIS _____ DAY OF _____ (MONTH) _____ (YEAR)

SURNAME _____ FIRST NAMES _____

SIGNATURE _____ DATE _____

PLEASE NOTE

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