

DISPOSAL OF DEATH BENEFITS

FUND NAME _____

MEMBER'S PERSONAL DETAILS

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

MARITAL STATUS _____ DATE OF DEATH _____

CAUSE OF DEATH _____

EMPLOYER DETAILS

EMPLOYER NAME _____

DATE EMPLOYER NOTIFIED OF DEATH _____

DEPENDANTS

Spouse(s) Details

Details of Spouse(s)	1st Spouse	2nd Spouse
Full name		
Date of birth		
Date of marriage		
Type of union (civil, customary, Asiatic, common law, other)		
If, common law, give details of length of relationship		
Address		
Contact telephone numbers		
Were deceased and spouse(s) living together at date of death?		
If not, to what extent was the deceased supporting the spouse?		
Does the spouse stay on his/her own or with anyone else? (Provide details)		
If living on his/her own, is accommodation owned or rented?		
Is spouse employed, if so, what is his/her monthly income?		

Partner(s) Details

Details of Partner(s)	1 st Partner	2 nd Partner
Full name		
Date of birth		
Relationship to deceased (fiancé, boyfriend, girlfriend, other)		
Address		
Contact telephone numbers		
Give details of the length of the relationship		
Did the deceased support the person financially?		
If 'yes', please explain the extent of the support.		
Does the partner have a regular job?		
If 'yes', please provide income details and proof thereof.		

Ex-spouse(s) Details

(Please supply original certified copies of divorce order(s) and agreement(s)).

Details of Ex-spouse(s)	1 st Ex-spouse	2 nd Ex-spouse
Full name		
Date of birth		
Date of marriage		
Type of union (civil, customary, Asiatic, common law, other)		
Date of divorce		
If common law, give details of length of relationship		
Address		
Contact telephone numbers		
At the date of death, was the deceased supporting the ex-spouse either voluntarily or in terms of a maintenance order/agreement?		
Monthly maintenance payment amount		
Has the ex-spouse remarried?		
If supported by deceased, please provide current income details of the ex-spouse and proof thereof.		

Minor Children

(Latest school report / education result to be attached for each child)

	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child No. 5
Name					
Date of birth					
Relationship to deceased					
Guardian's name					
Guardian's address					
Guardian's contact telephone numbers					
Relationship to guardian					
Level of dependency					
School / tertiary education					
Grade					
Full time / part time study					

Major Children

	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child No. 5
Name					
Date of birth					
Relationship to deceased					
Address					
Contact telephone numbers					
Details of dependency					
Highest education qualification					
Marital status					
Date of marriage					
Working (give details)					
Earning capacity					
Remarks					

Other Dependants

	No. 1	No. 2	No. 3	No. 4	No. 5
Name					
Date of birth					
Relationship to deceased					
Address					
Contact telephone numbers					
Details of dependency					

Nominees

	No. 1	No. 2	No. 3	No. 4	No. 5
Name					
Date of birth					
Relationship to deceased					
Address					
Contact telephone numbers					

Nomination Form

YES/NO _____ DATE FORM COMPLETED _____

DETAILS OF NOMINATION _____

FAMILY'S FINANCIAL DETAILS / SOCIAL CIRCUMSTANCES

DETAILS OF BENEFITS PAID BY ANOTHER FUND/RISK BENEFITS AND TO WHOM

DECLARATION BY EMPLOYER / SOCIAL WORKER

I, the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct, and that the options in terms of the Rules of the Fund and legislation have been fully explained to the member's potential beneficiaries.

FULL NAME _____

DESIGNATION _____

SIGNATURE _____ DATE _____

PLEASE NOTE

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