

Registration number: 1969/018487/07 | FAIS licence number: 1177 Institutional Funds

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Death claim - member

The purpose of this form is to inform a fund of the death of a member so that the fund can process the death benef	
	t.
Name of fund	
Name of employer or paypoint	
Name of employer of paypoint	



About claiming for a death benefit

Time limits for submitting a death claim

If the time limits are not met, the claim may not be accepted, and no claim will be paid out.

Retirement fund member dies	3 months	12 months*
	Notify Alexforbes or the insurer of the death	Submit all documents supporting the death to Alexforbes or the insurance company

*The time limit of 12 months is a guideline only. Please refer to the terms and conditions of the insurance policies for the time limit that applies because it might be shorter.

What happens if a trustee disposal resolution has been signed but 24 months later the fund has still not paid out the benefit (or part of it) to a beneficiary?

The amount might become an unclaimed benefit and be transferred to an unclaimed benefit fund.



Documents you must attach to this form

You must attach copies of the following documents to this form. If any information is not yet available (for example the disposal instructions), you can send them to us as soon as you have them.

Document type	1	Attached	Y/N	
Member's death certificate (certified copy)		Yes		No
Member's proof of age (ID document, passport)		Yes		No
Trustee disposal resolution (if available)		Yes		No
Form BI-1663 as proof of reporting the death		Yes		No
Last payslip the month before the member passed away		Yes		No
In the event of unnatural death, a copy of the SAPS report or accident report for accidental death				
If the member was married:		Yes		No
 Member's marriage certificate or a letter from the tribal authority confirming customary marriage Proof of age for spouse* 		Yes		No
Proof of age of dependent children (if applicable)		Yes		No
If there is any divorce or maintenance court order that affects the payment of fund benefits:				
Copy of the court order		Yes		No
If there is a debt to the employer in terms of section 37D of the <i>Pension Funds Act</i> : Copy of the court order or the member's admission of liability		Yes		No
Beneficiary nomination form(s) (submit the death notification even if beneficiary documents are outstanding)		Yes		No
Approved or unapproved death benefit form(s)		Yes		No
Note: Please submit the form(s) as soon as possible. If the completed form is not available, it should be submitted later.		_		_

Please hand us this claim form as soon as possible but bear in mind that we will only start the rest of the death claim process once we have received all the documents that we require.

^{*} A spouse is the person who the member was married to under the laws of South Africa, according to the laws of their religion or in a customary union, or who the member was living with in a long-term relationship.



How to complete this form - follow these steps

- 1. You can fill this form in electronically or you can print and sign it.
- 2. You must sign the form and date it.
- 3. Attach the documents requested above to the completed form.
- 4. Complete the Employer's declaration in the form and submit it directly to the contact person at Alexforbes.

Key points to understand about this form

If you do not complete all the information on this form, the payment of the benefit will be delayed. Please read this document carefully and contact us if you have any questions.



How to contact us

- If you want to ask us if we have the beneficiary's personal information, you can contact us at the telephone number shown at the top of the form.
- If the beneficiary's personal information is incorrect, we will change it if you make us aware of this.
- If you want a record of the personal information we have for the beneficiary, we might charge you a fee for this. Please contact us to find out what the fee is.

Section 1 | About the deceased member (the person who died)

Please fill in all the information in this section Name(s) Surname Maiden name Identity or passport number Date of birth Did the deceased member have a spouse*? Yes No, If the deceased member had a spouse, please provide their spouse's ID number *A spouse is the person the deceased member was married to under the laws of South Africa, according to the laws of their religion or in a customary union, or they were living with in a long-term relationship. Residential address Unit number Complex name Street number Street or farm name Suburb City or town Country Code Postal address Code Employment, financial and tax details Employee number Date of employment Date member last actively at work Date of death Cause of death (if known) Annual salary on which death benefit is based Accidential Non-accidential Revenue office Income tax number Divorce or maintenance court orders Is there a divorce or maintenance court order issued that could affect the payment of fund benefits?

If yes, please provide a certified copy of the court order.

Amounts owed to the employer

to be deducted from the benefit and paid to the employer: R

Fill in this section if there is an amount to be deducted from the member's benefit and paid to the employer in terms of section 37D of the *Pension Funds Act*.

Debt includes:

- 1. Debt for a housing loan, if one of the following has occurred:
 - The fund or the employer gave a housing loan to the member and the member owes money on the loan.
 - The fund or the employer-provided a guarantee for a housing loan for the member and the guarantee is enforced.
- 2. Debt arising from theft, dishonesty, fraud or misconduct. If the employer has experienced loss because of this, and one of the following has occurred:
 - The member admitted responsibility (liability) in writing.
 - There is a court judgment against the member.
 - If the above applies, please attach a copy of:
 - the court order
 - the member's admission of liability

This is according to section 37D of the Pension Funds Act. Please speak to us if you need more information.

Section 2 | Payment instructions and beneficary details

Please make sure that the bank account details below are for the spouse's or beneficiary's own account and matches the details exactly as per the bank statement. If you do not give **complete** and **correct** information about banking details, there might be a delay in making this payment.

Beneficiary 1

Account holder's name				
Name of bank				
Account number				
Branch code				
	Type of account	Current	Savings	Transmission
Income tax number	Revenue office			
Country of residence for tax pur	rposes			

Should the country of the spouse's or beneficiary's residence for tax purposes not be South Africa, please contact Alexforbes and obtain a Withholding Tax on Interest (WTI) Declaration form. Complete this form and send it to Alexforbes. If the completed form is not received within 30 days of submitting the claim, the full rate of withholding tax on late payment interest will become payable.

Residential address	s (this is the address where the beneficiary lives most of the time)
Unit number	Complex
Street number	Street or farm name
Suburb	City or town
Country	Code
Postal address	
	Code
Contact details Cell	Home Work
Email	
Beneficiary 2	
Account holder's nar	me
Name of bank	
Account number	
Branch code	
	Type of account Current Savings Transmission
Income tax number	Revenue office
Country of residence	e for tax purposes

Should the country of the spouse's or beneficiary's residence for tax purposes not be South Africa, please contact Alexforbes and obtain a Withholding Tax on Interest (WTI) Declaration form. Complete this form and send it to Alexforbes. If the completed form is not received within 30 days of submitting the claim, the full rate of withholding tax on late payment interest will become payable.

	ss (this is the address where the beneficiary lives most of the time)
Unit number	Complex
Street number	Street or farm name
Suburb	City or town
Country	Code
Postal address	
	Code
Contact details Cell	Home Work
Email	
Beneficiary 3	
Account holder's na	ame
Name of bank	
Account number	
Branch code	
	Type of account Current Savings Transmission
Income tax number	
Country of residence	te for tax purposes

Should the country of the spouse's or beneficiary's residence for tax purposes not be South Africa, please contact Alexforbes and obtain a Withholding Tax on Interest (WTI) Declaration form. Complete this form and send it to Alexforbes. If the completed form is not received within 30 days of submitting the claim, the full rate of withholding tax on late payment interest will become payable.

	ss (this is the address where the beneficiary lives most of the time)
Unit number	Complex
Street number	Street or farm name
Suburb	City or town
Country	Code
Postal address	
	Code
Contact details Cell	Home Work
Email	
Beneficiary 4	
Account holder's na	ime
Name of bank	
Account number	
Branch code	
	Type of account Current Savings Transmission
Income tax number	
Country of residence	e for tax purposes
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	this is the address where the	beneficiary lives most of the	time)		
Unit number	Complex				
Street number	Street or farm name				
Suburb			City or town		
Country					Code
Postal address					
					Code
					Oode
Contact details					
Contact details Cell Email		Home		Work	
	Sec	ction 3 Advar	nce payme	ents	
Only complete th	is section if there has bee	n an application for an	advance pavment	ł.	
omplete in		ii aii appiioatioii ioi aii t	aavanoo paymon	••	
For an advance payr	ment to be made, the authorised	d person (trustee, chairman,	principal officer or ot	her) must do one of the f	ollowing:
Sign the claim for	rm.				
_	authorisation to make the advar	nce payment. This letter mus	st be attached to the	claim form.	
Beneficiary's surnam	e				
Beneficiary's first na	nes				
Beneficiary's ID or pa	assport number	Beneficiary's date of birt	h 		
Beneficiary's relation	ship to the deceased	Amount required			
, , , , , , , , , , , , , , , , , , , ,	<u> </u>	R			
Authorisation of ad	vance payment				
Full name (please pr	int)				
Tuli flame (please pi	iiit)				
				D D	M M Y Y Y
Signature				Date	

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Section 4 | Employer to complete

Employer declaration

Please read and sign that you agree with the following:

- 1. You have deducted the contribution that was required until the date of the member's death, and you have paid the contribution to the fund.
- 2. The deceased member's details that you have provided to us are complete and accurate. We will accept the claim form as accurate unless you tell us about any changes within one business day of submitting the form. (Note that business days are Mondays to Fridays, excluding Saturdays, Sundays and official South African public holidays.)
- 3. If there is any loss as a result of incorrect information given, neither Alexforbes nor the fund is responsible for the losses.

Name and surname	
Job title	
Contact number	
Sign here	



By signing here, you declare that you are duly authorised to do so.

Personal information, privacy and security

Find out how we protect your personal information, privacy and security.