



**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\* [grid]
Beneficiary's first names\* [grid]
ID/Passport number\* [grid] Date of birth [grid]
Relationship to deceased [grid]
Amount required R [grid]

**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 [grid]
Account number [grid]
Branch code [grid] Type of account Current Savings
Name of bank [grid]
Name of branch [grid]
Beneficiary's residential address Unit number [grid] Complex [grid]
Street number [grid] Street/Farm name [grid]
Suburb [grid] City/Town [grid]
Country [grid] Code [grid]
Beneficiary's postal address [grid]
Code [grid]
Telephone number where beneficiary can be contacted Home [CODE NUMBER] Work [CODE NUMBER]
Cell [grid] Email [grid]
Income tax number\* [grid] Revenue office [grid]

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 [grid]

Authorised signature \_\_\_\_\_
Name (Print) \_\_\_\_\_
Designation \_\_\_\_\_
Contact number \_\_\_\_\_ Date \_\_\_\_\_