

DEATH CLAIM FINANCIAL NEEDS ANALYSIS FORM

The purpose of this form is for each dependant and/or guardian to confirm their critical financial needs. The information provided will be treated as confidential and will be used as a guide to assist the Board of Trustees in deciding on the final allocation of the deceased member's Fund death benefit. By completing this form, each dependant and/or guardian authorises the LA Retirement Fund's Administrator to verify the relevant information contained in this form with a credit bureau.

DECEASED MEMBER'S PERSONAL DETAILS

Title Dr Mr Mrs Ms Prof

Fund membership number

Surname First names

Date of birth

DETAILS OF THE PERSON COMPLETING THIS FORM

Surname First names

Date of birth Identity number

Residential address

Postal code

Postal address

Postal code

Home telephone number Work telephone number

Cell phone number* Fax number

Email address*

*The cell phone and email address are important as this enables the fund to communicate quickly and effectively.

Highest grade/educational qualification achieved

YOUR EMPLOYMENT DETAILS

Are you currently employed (tick appropriate block) Yes No

If yes, are you employed:

(Tick appropriate block)

Weekly

Monthly

Self-employed

Select your level of monthly earnings after tax:

R50 – R1000

R1 001 – R5 000

R5 001 – R10 000

R10 001 – R20 000

Greater than R20 000

How long have you been employed? What is your occupation?

Were you supported financially by the deceased prior to death? Yes No

If you answered yes to the above question, please state the rand amount/type of support you received and how often you received the support (e.g. weekly, monthly, only when required etc).

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YOUR FINANCIAL DETAILS

Do you have any investments (eg retirement annuities, unit trusts, shares etc.)

Yes No

If yes, please state the type of investment

Do you have a financial adviser

Yes No

If yes, please provide the name and contact details of your financial adviser

If you don't have a financial adviser and if you received a portion of the deceased's death benefit, would you (tick the appropriate block):

Take it in cash Invest it

If you intend to invest any benefit received, how would you invest it?

Do you have a bank account ?

Yes No

(If yes, please attach a copy of your bank statement)

Have you ever had a judgement against you for non-payment of debt?

Yes No

If yes, please provide the details

Have you ever been declared insolvent or been placed under administration

Yes No

If yes, please provide the details

What is the largest sum of money that you have received or have been required to invest?

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Do you own or rent your home?

Own Rent

If you own your home, what is the outstanding bond balance?

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Do you have a policy of assurance that will settle the outstanding balance of your bond in the event of your death?

Yes No

YOUR ESTIMATED PERSONAL MONTHLY EXPENDITURE DETAILS

Income	
Basic salary	R
Rental income	R
Commission (average)	R
Maintenance	R
Social grants	R
Other	R
TOTAL (A)	R

Expenditure	
Bond/Rent	R
Transport	R
Rates/Water/Electricity	R
School and Education	R
Food and Household	R
Entertainment	R
Insurance	R
Hire purchase/Clothing accounts	R
Maintenance	R
Savings	R
Garnishee orders	R
TOTAL(B)	R
TAKE HOME PAY [TOTAL (A)-TOTAL (B)]	R

DECLARATION AND CREDIT REPORT AUTHORISATION

I hereby declare that the details provided herein are true and correct. Furthermore, authorisation is hereby granted to the Administrator of the LA Retirement Fund to obtain a credit report from a reputable credit bureau.

Signed at on this day of (month) (year)

Surname

First name

Signature

COMMISSIONER OF OATHS
STAMP AND SIGNATURE