LA RETIREMENT FUND
Securing your retirement

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Fund Registration No: 12/8/1278/2

DEATH CLAIM FORM

The purpose of this form is for the employer to notify the Fund of the death of a member. The information provided will assist the Board of Trustees in deciding on the final allocation of the member's Fund death benefit.

DECEASED MEMBER'S PERSONAL DETAILS

Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Fund membership number ____________________

Surname ____________________ First names ____________________

Date of birth ____________________ Identity number ____________________

Date of death ____________________

Income tax reference number ____________________ Tax office ____________________

Residential address ____________________

____________________ Postal code __________

Postal address ____________________

____________________ Postal code __________

The revenue authorities require both the above addresses

SPOUSE'S DETAILS

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* ____________________ Facsimile number ____________________

Email address* ____________________

Preferred language for correspondence ____________________

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

DIVORCE ORDERS

Are you aware of any divorce order issued by the High Court/Supreme Court against the deceased's death benefit in favour of an ex-spouse? Yes ☐ No ☐

If yes, please attach an original certified copy of the complete divorce court order to this form. This order must be in terms of Section 7(8) of the Divorce Amendment Act 1989, to be binding on the Fund.

Ex-spouse's surname ____________________ Ex-spouse's first names ____________________

Ex-spouse's home telephone number ____________________

Ex-spouse's cell phone number* ____________________

Ex-spouse's email address ____________________

DETAILS OF DEPENDANT CHILDREN (IF APPLICABLE)

Full names	Date of birth

EMPLOYER DETAILS

Name of employer

Last date on which the member was at work

Reason for absence from work if the member was absent immediately before his/her death

Monthly pensionable salary at date of death R

Fund contribution details

Month in which the final contribution was made

Amount of final contribution R member

R employer

Prior claim

Is there a prior claim in terms of section 37d of the pension funds act?

1. Housing loan guarantee by the fund to the bank (fund's pension backed home loan facility) Yes No
2. Housing loan guarantee by the employer Yes No

Compensation for damage caused by the employee Yes No

If yes, please provide proof of the claim and provide the employer's banking details below.

Employer banking details

Name of bank Account holder

Branch name Branch code

Type of account Account number

Reference number (if applicable)

Employer authorisation:

Full name of authorised official of the employer

Work telephone number Facsimile number

Email address

Signature of authorised official of the employer

Date

Witness signature

Witness signature

EMPLOYER STAMP

DOCUMENTATION REQUIRED

Please attach original certified copies of the following documents (where applicable):

- Death certificate – 3 certified copies
- Deceased member's ID document*
- Spouse's ID document*
- Marriage certificate
- ID documents in respect of all dependants*
- Birth certificates in respect of all minor dependants
- Proof of study at a recognised institution of any dependant children between the ages of 18 and 21
- Full medical certificate of any dependant child who is permanently disabled
- The deceased member's last completed Beneficiary Nomination form
- Disposal of Death Benefits form (obtain from the website and complete)
- Financial Needs Analysis form (obtain from the website and complete)
- Police report completed by the investigating officer in cases where the cause of death was due to unnatural causes or where the cause of death is being investigated
- Affidavits from all the dependants in the prescribed format (obtain the format from the Administrator)

* If copies of ID smart cards are provided, please provide certified copies of both the front and reverse sides of the cards.

Note:

- Payment will only be made after the Board of Trustees has completed their investigation in terms of Section 37C of the Pension Funds Act and they have decided on the allocation of the death benefit. Thereafter, payment will be made on receipt of a tax directive issued by SARS.
- Please forward the original Death Claim form to the Administrator.

PROCESSING OF PERSONAL INFORMATION

The Fund is committed to the adherence and compliance of the Protection of Personal Information Act (POPIA) and is committed to ensuring the protection of the Personal Information of Members and Fund Officers. This commitment is encompassed in the Fund's Data Protection and Privacy Policy which ensures that the Fund and its Service Providers Process Personal Information responsibly and in a manner that demonstrates their commitment to upholding the right to privacy of Members and Fund Officers, subject to justifiable limitations.

It further establishes a common standard on the appropriate protection of Personal Information of Members and provides general principles regarding the right of individuals to privacy and to reasonable safeguarding and protection of their Personal Information. The Board of Management, in its commitment to comply with POPIA, requires that the Fund's Service Providers adhere to the lawful Processing of Personal Information in line with POPIA. The Data Protection and Privacy policy therefore also specifies minimum requirements and standards that are to be adhered to with regards to the Processing of Personal Information by Service Providers of the Fund.

The Fund has concluded written agreements with its service providers and will ensure that your personal information is protected through adequate provisions in these agreements. If any of the Fund's service providers are abroad, the Fund will not share your personal information with them, unless we are satisfied that they have adequate security measures in place to protect your personal information.

The Fund may use your information or obtain information about you for the following purposes:

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claims checks (industry Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on our behalf or who render services to the Fund.

You may access your personal information that we hold and you may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.