LA RETIREMENT FUND
Formerly known as the Cape Joint Pension Fund
Securing your retirement

Belmont Office Park, Twist Street, Bellville, 7530
PO Box 4300, Tyger Valley, 7536
Tel: (021) 943 5305
Email: support@laretirementfund.co.za
Website: www.laretirementfund.co.za
Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

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 MEMBERS PERSONAL AND CONTACT DETAILS

Fund membership number | Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname | First names

Date of birth | Identity number

Date of death

Passport number | Country of issue

Income tax number | Cell phone number

Home telephone number | Work telephone number

Email address

Residential address

Postal Code

Postal address

Postal code

The revenue authorities require both the above addresses

SPOUSE'S PERSONAL AND CONTACT DETAILS

Fund membership number | Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname | First names

Date of birth | Identity number

Passport number | Country of issue

Income tax number | Cell phone number

Home telephone number | Work telephone number

Email address

Residential address

Postal Code

Postal address

Postal code

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 OR MAINTENANCE COURT 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 date of birth | Ex-spouse's identity number

Ex-spouse's passport number | n Ex-spouse's country of issue

Ex-spouse's email address

*Spouse is a person who is your partner in a marriage, civil union or customary marriage recognised under SA law, or living with you in a long-term relationship.

DETAILS OF DEPENDANT CHILDREN (IF APPLICABLE)

Full names	Date of birth

EMPLOYER DETAILS AND AMOUNTS OWED BY THE MEMBER

PRIOR CLAIM

Is there a prior claim in terms of Section 37d of the Pension Funds Act? Yes ☐ No ☐

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 ☐
3. Employer compensation for damages caused by the employee Yes ☐ No ☐

(The *Annexure B - Member Acknowledgement of Liability and Agreement* to Pay form must be completed by employee and the *Annexure A - Employer S37D claim notification* form must be completed by the employee and the employer. Both forms may be obtained from the Fund's website and must be attached to this claim form.)

Note: In terms of Section 37D of the Pensions Funds Act, there are only a few situations under which a fund may deduct amounts from a member's benefit prior to payment to the member:

1. The fund provided a guarantee (i.e. suretyship) for a housing loan for the member and the guarantee is enforced
2. A housing loan guarantee provided by the employer
3. The member's outstanding contribution to a medical scheme
4. An insurance premium payable by the member to a long term insurer
5. An amount payable on divorce to an ex-spouse or a maintenance claim
6. Outstanding tax payable by the member
7. Amount owed to the employer arising from theft, dishonesty or misconduct when the employer has experienced a loss because of the actions of the member and the member has either:
   - admitted responsibility (liability) in writing; or
   - there is a court judgement against the member

EMPLOYER DETAILS

Name of employer

Date of employment | Employee number

Last date on which the member was at work | Date of death

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

TYPE OF RETIREMENT AND CONTRIBUTION DETAILS

Please tick your chosen payment option. Please ask your financial adviser to assist you if you are unsure about your appropriate option.

☐ Normal retirement ☐ Early retirement ☐ Ill-health retirement ☐ Late retirement

CONTRIBUTION DETAILS

Final month in which a contribution was made DD / MM / YYYY

Amount of final contribution R Member R Employer

EMPLOYER'S DECLARATION

This section is to be completed by the employer.

It is hereby confirmed and warranted that:

- The information contained herein is correct and, in particular, that the member's banking details provided above, have been confirmed as correct;
- The employer hereby unconditionally absolves the Fund, the Board of Trustees and Verso Benefits Administrator (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund, the Board of Trustees and Verso from and against all or any loss, damage, cost and expenses which the member, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso, on behalf of the Fund, relying on and using any information supplied by the employer.

Full name of authorised official of the employer

Work telephone number | Cell phone number

Email address

Signature of authorised official of the employer | Date

Witness 1 signature

Witness 2 signature

EMPLOYER STAMP

DOCUMENTATION REQUIRED

Please attach original certified copies of the following documents, where applicable, to this death claim form:

1. Death certificate - 3 certified copies
2. Deceased member's ID document (If copies of smart ID cards are provided, please provide certified copies of both the front and reverse sides of the cards
3. Spouse's ID document (If copies of smart ID cards are provided, please provide certified copies of both the front and reverse sides of the card)
4. Marriage certificate
5. ID documents in respect of all dependants*
6. Birth certificates in respect of all minor dependants
7. Proof of study at a recognised institution of any dependant children between the ages of 18 and 21
8. Full medical certificate of any dependant child who is permanently disabled
9. The deceased member's last completed Beneficiary Nomination form • Disposal of Death Benefits form (obtain from the website and complete)
10. Financial Needs Analysis form (obtain from the website and complete)
11. 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
12. Affidavits from all the dependants in the prescribed format (obtain the format from the Administrator

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
- Verso may be contacted via the Fund's call-centre as follows:

Telephone number:	021 953 5303
Email:	support@lartirementfund.co.za
WhatsApp:	076 073 0997 (from 08h00 to 16h00)

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 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 the justifiable limitations.

It further establishes a common standard on the appropriate protection of personal information of members and fund officers 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. 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 provision 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.

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claim checks (industry life and claims register)
- Tracing beneficiaries
- Fraud and prevention protection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on behalf of 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 information. In certain cases, you have the right to object to the processing of your personal information.