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WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

# DISPOSAL OF DEATH BENEFITS

## DECEASED MEMBER'S PERSONAL DETAILS

| | | | |
|---|---|---|---|
| Fund membership number | | Employee no. | |
| Surname | | First names | |
| Date of birth | | ID number | |
| Date of death | | Cause of death | |

## EMPLOYER DETAILS

Employer name

Date employer notified of death

## DEPENDANTS

### Spouse Details

| Details of spouse(s) | 1st Spouse | 2nd Spouse |
|---|---|---|
| Full name | | |
| Date of birth | | |
| Date of marriage | | |
| Type of union (Civil, Customary, Asiatic, Common law, Other | | |
| If, Common Law, give details of length of relationship | | |
| Address | | |
| Contact telephone numbers | | |
| Were deceased and spouse(s) living together at date of death | | |
| If not, to what extent was the deceased supporting the spouse | | |
| Does the spouse stay on his/her own or with parents? | | |
| If living on his/her own, is accommodation owned or rented? | | |
| Is spouse employed, if so, what is his/her monthly Income? | | |

**Partner(s) Details**

| Details of spouse(s) | 1st Spouse | 2nd Spouse |
|---|---|---|
| Full name | | |
| Date of birth | | |
| Relationship to deceased (fiancé, boyfriend, girlfriend, other) | | |
| Address | | |
| Contact telephone numbers | | |
| Give details of the length of the relationship | | |
| Did the deceased support the person financially | | |
| If 'YES', please explain the extent of the support | | |
| Does the partner have regular job? | | |
| If 'YES', please provide income details and proof thereof. | | |

**Ex-spouse(s) Details**

| Details of Ex-spouse(s) | 1st Ex-spouse | 2nd Ex-spouse |
|---|---|---|
| Full name | | |
| Date of birth | | |
| Date of marriage | | |
| Type of union (Civil, Customary, Asiatic, Common Law, Other) | | |
| Date of divorce | | |
| Address | | |
| Contact telephone numbers | | |
| At the date of death, was the deceased supporting the ex-spouse either voluntarily or in terms of a maintenance order/agreement? | | |
| Monthly maintenance payment amount | | |
| Has the ex-spouse remarried? | | |
| If supported by deceased, please provide current income details of the ex-spouse and proof thereof | | |

**Minor Children**

(Latest school report/education result to be attached for each child)

| Details of child | Child no. 1 | Child no. 2 | Child no. 3 | Child no. 4 | Child no. 5 |
|---|---|---|---|---|---|
| Full name | | | | | |
| Date of birth | | | | | |
| Relationship to the deceased | | | | | |
| Guardian's name | | | | | |
| Guardian's address | | | | | |
| Guardian's contact telephone numbers | | | | | |
| Relationship to guardian | | | | | |
| Level of dependency | | | | | |
| School/Tertiary education | | | | | |
| Grade | | | | | |
| Full time/Part time study | | | | | |

**Major Children**

| Details of child | Child no. 1 | Child no. 2 | Child no. 3 | Child no. 4 | Child no. 5 |
|---|---|---|---|---|---|
| Full name | | | | | |
| Date of birth | | | | | |
| Relationship to the deceased | | | | | |
| Address | | | | | |
| Contact telephone numbers | | | | | |
| Details of dependency | | | | | |
| Highest education qualification | | | | | |
| Marital status | | | | | |
| Date of marriage | | | | | |
| Working? (give details | | | | | |
| Earning capacity | | | | | |
| Remarks | | | | | |

**Other dependants**

| Details of child | No. 1 | No. 2 | No. 3 | No. 4 | No. 5 |
|---|---|---|---|---|---|
| Full name | | | | | |
| Date of birth | | | | | |
| Relationship to the deceased | | | | | |
| Address | | | | | |
| Contact telephone numbers | | | | | |
| Details of dependency | | | | | |

**Nominees***

| Details of child | No. 1 | No. 2 | No. 3 | No. 4 | No. 5 |
|---|---|---|---|---|---|
| Full name | | | | | |
| Date of birth | | | | | |
| Relationship to the deceased | | | | | |
| Address | | | | | |
| Contact telephone numbers | | | | | |

** Nominees are people who were not dependant on the member but were nominated by the member to receive a portion of his/her death benefit.*

## NOMINATION FORM

Is there a valid completed nomination form Yes ☐ No ☐ Date form completed _____

If yes, please provide details of the nomination.

| Full names | Relationship | Dependent or Nominee | Nature of financial dependence (if any) | % of benefit |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| | | | **TOTAL** | **100%** |

** Nominees are people who were not dependant on the member but were nominated by the member to receive a portion of his/her death benefit.*

## LAST WILL AND TESTAMENT

Is there a valid legal last will and testament Yes ☐ No ☐

If yes, please attach a copy of the Will

Family's financial details/social circumstances

Details of other benefits paid by another fund or policy(ies) of assurance and to whom

## DECLARATION BY EMPLOYER/SOCIAL WORKER

I, the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct, and that the process to be followed by the Trustees in terms of the Rules of the Fund has been fully explained to the member's beneficiaries.

Full name _____ Designation _____

Signature _____ Date _____

## 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.