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

# 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 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

Fund Membership number _____ Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname _____ First names _____

ID number or date of birth _____

## DETAILS OF THE PERSON COMPLETING THIS FORMS

Surname _____ First names _____

Date of birth _____ ID number _____

Income tax number _____ Revenue office _____

Residential address _____

_____ Postal code _____

Postal address _____

_____ Postal code _____

Home ☎ No. _____ Work ☎ No. _____

Cell phone no.* _____ Email address* _____

Highest grade/educational qualification achieved _____

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

## YOUR EMPLOYMENT DETAILS

Are you currently employed (tick yes or no) Yes ☐ No ☐

**If yes, are you employed:**
(Tick appropriate block)

- ☐ Weekly
- ☐ Monthly
- ☐ Self-employed

**Select your level of monthly earnings after tax**

- ☐ R50 – R1 000
- ☐ R1 001 – R5 000
- ☐ R5 0001 – 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

A please state the rand amount of support you received R _____

B please state the type of support you received Cash ☐ Other, prove details _____

C how often you received the support? (e.g. weekly, monthly, only when required etc)

Weekly ☐ Monthly ☐ Only when required ☐ other _____

## YOUR FINANCIAL DETAILS

Do you have any investments (e.g. 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, what is your advisors name _____ Contact number _____

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? ((If yes, please attach a copy of your bank statement) Yes ☐ No ☐

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? R _____

Do you own or rent your home? Own ☐ Rent ☐

f you own your home, what is the outstanding bond balance? R _____

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 | |
| Rental Income | |
| Commission (average) | |
| Maintenance | |
| Social grants | |
| Other | |
| **Total (A)** | |

| Expenditure | |
|---|---|
| Bond / Rent | |
| Transport | |
| Rates / Water / Electricity | |
| School and education | |
| Food and household | |
| Entertainment | |
| Insurance | |
| Hire purchase / Clothing accounts | |
| Maintenance | |
| Savings | |
| Garnish orders | |
| Other | |
| **Total (B)** | |
| Take home pay [total (A) – total (B)] | |

## 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 _____ 20

First name _____

Surname _____

Signature _____

COMMISSIONER OF OATHS

STAMP AND SIGNATURE