

DEATH NOTIFICATION



Alexander Forbes

Alexander Forbes Administration Services,
a division of Alexander Forbes Financial Services (Pty) Ltd.
Reg No. 1969/018487/07
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Name of Retirement Scheme:

Name of Employer/Paypoint:

MEMBER'S PARTICULARS (please complete in full)

Surname																									
First names																									
Maiden name																									
ID/Passport number													Country of issue		Date of birth	D	D	M	M	Y	Y	Y	Y		
Residential address	Unit number				Complex																				
	Street number				Street/Farm name																				
	Suburb													City/Town											
	Country													Code											
Postal address																									
Employee number													Date of employment	D	D	M	M	Y	Y	Y	Y				
Date of death	D	D	M	M	Y	Y	Y	Y	Date of last contribution	D	D	M	M	Y	Y	Y	Y								
Cause of death (if known)																									
Annual salary on which death benefit is based	R				,																				
Period of employment outside RSA prior to death				Completed years	From	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y			
Income tax number													Revenue office												

Non-completion of the above may result in a delay in the settlement of this claim.

DOCUMENTATION TO BE ATTACHED (CERTIFIED COPIES REQUIRED)

- Member's proof of age Member's death certificate Proof of age for dependant children Trustee's disposal resolution*
- Member's marriage certificate Proof of age of spouse Nomination of beneficiary form

*The claim form needs to be lodged as soon as possible. If the disposal instructions are not available, they should follow later.

ARE YOU AWARE OF ANY DIVORCE OR MAINTENANCE COURT ORDER ISSUED AFFECTING THE PAYMENT OF FUND BENEFITS?

- Yes No If yes, please provide a copy of the court order.

INDEBTEDNESS TO EMPLOYER TO BE RECOVERED FROM BENEFITS (DEDUCTIONS AS PER SECTION 37D OF THE PENSION FUNDS ACT)

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Section 37D of the Pension Funds Act

The section provides two instances when a fund may deduct amounts from a member's benefit. These are:

- When the member owes the fund or his employer money for an outstanding housing loan given by the fund or the employer or where the fund or employer provided a guarantee for a housing loan taken by the member and the guarantee is enforced.
- In the event of an employer suffering loss due to an employee's theft, dishonesty, fraud or misconduct, where the employee has admitted liability in writing or a court judgement has been obtained. In such instances, a copy of the court order must be attached.

IMPORTANT NOTES ON DEATH CLAIMS:

- Alexander Forbes / the Insurer must be notified of the death of a member within 3 months of the death of the member.
- All documentation in support of the claim must be provided to Alexander Forbes / the Insurer within 12 months of the death of a member.

The above timeframes are guidelines only. The timeframes specific to your fund may be shorter than those mentioned above as it is dependent on the terms & conditions reflected in the Fund's policy document. Failure to meet the applicable timeframes will result in the repudiation of the claim i.e. no insured benefit will be payable.

In terms of legislation, any benefit which is due and which has not been paid within 24 months from the date it first became due in terms of the Rules of the Fund will become an "Unclaimed Benefit" and may be transferred to an Unclaimed Benefit Fund.

DETAILS OF ADVANCE PAYMENT (if required)

Please note that if an advance payment is to be made we will require either that a Trustee signs the claim form or that a separate letter, signed by a Trustee, accompanies the claim form as authorisation to make the advance.

Beneficiary's surname [grid]
Beneficiary's first name [grid]
ID/Passport number [grid] Date of birth [grid]
Relationship to deceased [grid]
Amount required R [grid], [grid]

PAYMENT INSTRUCTIONS

Please note:

- Ensure that the bank account details supplied is in respect of spouse's/beneficiary's own account

Beneficiary's banking details (if more than one beneficiary please show banking details and postal addresses on separate page)

Account holder's name [grid]
Account number [grid]
Branch code [grid] Type of account Current Savings
Name of bank [grid]
Name of Branch [grid]
Beneficiary's residential address [grid]
Beneficiary's postal address [grid]
Telephone Number at which beneficiary can be contacted [CODE NUMBER] Cell [grid]
Beneficiary's e-mail address [grid]

TRUSTEE'S AUTHORISATION OF ADVANCE PAYMENT

Signature _____ Trustee's name (please print) _____ Date _____

EMPLOYER'S DECLARATION

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 has provided the beneficiary with the contact details for the Individual Advice Centre;

The Employer hereby unconditionally absolves the Fund and Alexander Forbes and as necessary indemnifies and keeps indemnified the Fund and Alexander Forbes from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Alexander Forbes, on behalf of the Fund, relying on and using any information supplied by the Employer.

Employer's stamp [grid]

Authorised signature _____
Name (Print) _____
Designation _____
Contact number _____ Date _____