

## Death claim – member



### Why do I need to complete this form?

The purpose of this form is to inform a fund of the death of a member so that the fund can process the death benefit.

Name of fund

Name of employer or paypoint



### About claiming for a death benefit

#### Time limits for submitting a death claim

If the time limits are not met, the claim may not be accepted, and no claim will be paid out.

Retirement fund member dies	3 months	12 months*
	Notify Alexforbes or the insurer of the death	Submit all documents supporting the death to Alexforbes or the insurance company

\*The time limit of 12 months is a guideline only. Please refer to the terms and conditions of the insurance policies for the time limit that applies because it might be shorter.

#### What happens if a trustee disposal resolution has been signed but 24 months later the fund has still not paid out the benefit (or part of it) to a beneficiary?

The amount might become an unclaimed benefit and be transferred to an unclaimed benefit fund.



### Documents you must attach to this form

You must attach copies of the following documents to this form. If any information is not yet available (for example the disposal instructions), you can send them to us as soon as you have them.

#### Document type

#### Attached Y/N

Member's death certificate (certified copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member's proof of age (ID document, passport)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trustee disposal resolution (if available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Form BI-1663 as proof of reporting the death	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last payslip the month before the member passed away	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the event of unnatural death, a copy of the SAPS report or accident report for accidental death	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the member was married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Member's marriage certificate or a letter from the tribal authority confirming customary marriage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Proof of age for spouse*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of age of dependent children (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there is any divorce or maintenance court order that affects the payment of fund benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Copy of the court order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there is a debt to the employer in terms of section 37D of the <i>Pension Funds Act</i> :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Copy of the court order or the member's admission of liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beneficiary nomination form(s) (submit the death notification even if beneficiary documents are outstanding)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved or unapproved death benefit form(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** Please submit the form(s) as soon as possible. If the completed form is not available, it should be submitted later.

\* A spouse is the person who the member was married to under the laws of South Africa, according to the laws of their religion or in a customary union, or who the member was living with in a long-term relationship.

Please hand us this claim form as soon as possible but bear in mind that we will only start the rest of the death claim process once we have received all the documents that we require.



### **How to complete this form – follow these steps**

1. You can fill this form in electronically or you can print and sign it.
2. You must sign the form and date it.
3. Attach the documents requested above to the completed form.
4. Complete the Employer's declaration in the form and submit it directly to the contact person at Alexforbes.

### **Key points to understand about this form**

If you do not complete all the information on this form, the payment of the benefit will be delayed. Please read this document carefully and contact us if you have any questions.



### **How to contact us**

- If you want to ask us if we have the beneficiary's personal information, you can contact us at the telephone number shown at the top of the form.
- If the beneficiary's personal information is incorrect, we will change it if you make us aware of this.
- If you want a record of the personal information we have for the beneficiary, we might charge you a fee for this. Please contact us to find out what the fee is.

## Section 1 | About the deceased member (the person who died)

### Please fill in *all* the information in this section

Name(s)

Surname

Maiden name

Identity or passport number

Date of birth

Did the deceased member have a spouse\*?

☐

Yes

☐

No, If the deceased member had a spouse, please provide their spouse's ID number

\*A spouse is the person the deceased member was married to under the laws of South Africa, according to the laws of their religion or in a customary union, or they were living with in a long-term relationship.

### Residential address

Unit number

Complex name

Street number

Street or farm name

Suburb

City or town

Country

Code

### Postal address

Code

### Employment, financial and tax details

Employee number

Date of employment

Date member last actively at work

Date of death

Cause of death (if known)

☐

Accidental

☐

Non-accidental

Annual salary on which death benefit is based

Income tax number

Revenue office

### Divorce or maintenance court orders

Is there a divorce or maintenance court order issued that could affect the payment of fund benefits?

☐

Yes

☐

No

If yes, please provide a certified copy of the court order.

## Amounts owed to the employer

Amount to be deducted from the benefit and paid to the employer: R

Fill in this section if there is an amount to be deducted from the member's benefit and paid to the employer in terms of section 37D of the *Pension Funds Act*.

### Debt includes:

**1. Debt for a housing loan, if one of the following has occurred:**

- The fund or the employer gave a housing loan to the member and the member owes money on the loan.
- The fund or the employer provided a guarantee for a housing loan for the member and the guarantee is enforced.

**2. Debt arising from theft, dishonesty, fraud or misconduct. If the employer has experienced loss because of this, and one of the following has occurred:**

- The member admitted responsibility (liability) in writing.
- There is a court judgment against the member.
- If the above applies, please attach a copy of:
  - the court order
  - the member's admission of liability

This is according to section 37D of the Pension Funds Act. Please speak to us if you need more information.

## Section 2 | Payment instructions and beneficiary details

Please make sure that the bank account details below are for the spouse's or beneficiary's own account and matches the details exactly as per the bank statement. If you do not give **complete** and **correct** information about banking details, there might be a delay in making this payment.

### Beneficiary 1

Account holder's name

Name of bank

Account number

Branch code

Type of account

Current ☐

Savings ☐

Transmission ☐

Income tax number

Revenue office

Country of residence for tax purposes

Should the country of the spouse's or beneficiary's residence for tax purposes not be South Africa, please contact Alexforbes and obtain a Withholding Tax on Interest (WTI) Declaration form. Complete this form and send it to Alexforbes. If the completed form is not received within 30 days of submitting the claim, the full rate of withholding tax on late payment interest will become payable.

**Residential address** (this is the address where the beneficiary lives most of the time)

Unit number

Complex

Street number

Street or farm name

Suburb

City or town

Country

Code

**Postal address**

Code

**Contact details**

Cell

Home

Work

Email

**Beneficiary 2**

Account holder's name

Name of bank

Account number

Branch code

Type of account

Current ☐

Savings ☐

Transmission ☐

Income tax number

Revenue office

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Unit number

Complex

Street number

Street or farm name

Suburb

City or town

Country

Code

**Postal address**

Code

**Contact details**

Cell

Home

Work

Email

**Beneficiary 3**

Account holder's name

Name of bank

Account number

Branch code

Type of account

Current ☐

Savings ☐

Transmission ☐

Income tax number

Revenue office

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Unit number

Complex

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Street or farm name

Suburb

City or town

Country

Code

**Postal address**

Code

**Contact details**

Cell

Home

Work

Email

**Beneficiary 4**

Account holder's name

Name of bank

Account number

Branch code

Type of account

Current ☐

Savings ☐

Transmission ☐

Income tax number

Revenue office

Country of residence for tax purposes

Should the country of the spouse's or beneficiary's residence for tax purposes not be South Africa, please contact Alexforbes and obtain a Withholding Tax on Interest (WTI) Declaration form. Complete this form and send it to Alexforbes. If the completed form is not received within 30 days of submitting the claim, the full rate of withholding tax on late payment interest will become payable.

Unit number	Complex		
<input type="text"/>	<input type="text"/>		
Street number	Street or farm name		
<input type="text"/>	<input type="text"/>		
Suburb	City or town		
<input type="text"/>	<input type="text"/>		
Country	Code		
<input type="text"/>	<input type="text"/>		

Cell	Home	Work

Email

Date | D | D | M | M | Y | Y | Y | Y



## Section 4 | Employer to complete

### Employer declaration

Please **read** and **sign** that you agree with the following:

1. You have deducted the contribution that was required until the date of the member's death, and you have paid the contribution to the fund.
2. The deceased member's details that you have provided to us are complete and accurate. We will accept the claim form as accurate unless you tell us about any changes within one business day of submitting the form. (Note that business days are Mondays to Fridays, excluding Saturdays, Sundays and official South African public holidays.)
3. If there is any loss as a result of incorrect information given, neither Alexforbes nor the fund is responsible for the losses.

Name and surname

Job title

Contact number

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Sign here \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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By signing here, you declare that you are duly authorised to do so.

### Personal information, privacy and security

**Find out** how we protect your personal information, privacy and security.