

Legacy Beneficiary Fund

Application for change of guardianship

Note: This application form consists of 4 pages. Please ensure that all 4 pages are FULLY completed.

For speedy payment of benefits, we require certified copies (containing the **full names and street address** of the Commissioner of Oaths) of the undermentioned documents:

Checklist of documents:		Attached	
1	Identity Document or Smart ID card (include both sides) of the new guardian	YES	NO
2	Death certificate of the previous guardian	YES	NO
3	Witness' Identity Document (witness must be family of the deceased member/guardian).	YES	NO
4	Children's birth/baptismal certificates, clinic cards or copy of Identity Document	YES	NO
5	Bank statement or bank mandate of the new guardian (not older than three months)	YES	NO

SECTION A: Particulars of the deceased member

Title and initials:		Date of birth:	
Full names and surname:			
Member number:		Date of death:	

SECTION B: Particulars of new guardian

Relationship to deceased:	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Other	<input type="checkbox"/>
Title and initials:					Date of birth:							
Full names and surname:												
Contact number(s):	Home:				Work:				Cell:			
E-mail address:												
Home Address:					Postal Address:							
Name of bank:					Name of account holder:							
Account number:					Branch code:							
Account type:	Savings	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Current	<input type="checkbox"/>	Transmission	<input type="checkbox"/>				

Please note the following:

- Payments cannot be made to credit card or bond accounts.
- Payments cannot be made to a third party.
- Payments cannot be split into different bank accounts.
- A Post Office savings account is not acceptable.

SECTION C: Declaration of guardianship (to be completed by the new guardian)

I, _____ (full name of guardian),
Identity number _____, hereby declare that I am the guardian of the following children:

Name of child/children	Date of birth	Member number

I also declare that:

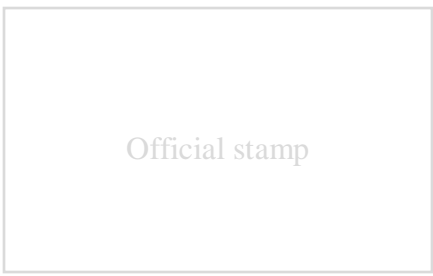
- I will take care of them with the money that the Fund will pay me towards the child/children's care and I will ensure that they attend school until they are independent.
- I undertake to inform the Fund of their well-being. If I fail to do so, I will receive a penalty for negligence.
- I undertake to advise the Fund immediately should any of the abovementioned children leave school/ a tertiary institution, or for any other reason cease to be dependent on me for support.
- I am aware of the fact that should I fail to comply with this undertaking, any overpayment of benefits which may occur, together with interest thereon, will be recovered from me.

Signature or right hand thumbprint of new guardian *

* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.

Signed and sworn to before me at _____ on this _____ day of _____ 20____
by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

To be completed by Clergyman, Justice of the Peace or Commissioner of Oath

Signature:		
Full name and surname:		
Position held:		
Street address:		
Area:		
Force number:		

SECTION D: Declaration by witness (family member of the deceased member/guardian)

I, _____ (full name of witness),

Identity number _____, declare herewith under oath that, to the best of my knowledge, the new guardian:

- is a spouse/parent/brother/sister/other dependant (indicate which is applicable) of the deceased, and
- was dependent on the deceased guardian.

My relationship to the deceased _____

My address _____

My telephone number _____

Note: The witness must be a member of the deceased's family.

Signature or right hand thumbprint of new guardian *

* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.

Signed and sworn to before me at _____ on this _____ day of _____ 20____
by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

To be completed by Clergyman, Justice of the Peace or Commissioner of Oath

Signature:		Official stamp
Full name and surname:		
Position held:		
Street address:		
Area:		
Force number:		