

APPLICATION FOR PENSION BENEFITS

DECEASED MEMBER OR PENSIONER



The No. 1 Pension Fund

No. 7 Disa Road Kempton Park

Private Bag X36

Kempton Park 1620

Tel: (011) 578 5333

Fax : (011) 578 5300

(011) 578 5322

1. PARTICULARS OF DECEASED

First names and surname: _____

Identity number: _____

Town Council: _____

Date of birth: _____ Date of death: _____

Nickname: _____

Number of dependants: _____

2. PARTICULARS REGARDING ALL DEPENDANTS, REGARDLESS OF AGE AND STATUS:

	Name	Date of birth	Relationship to Deceased	State whether dependants are attending school/ a tertiary institution/ are working
(i)
(ii)
(iii)
(iv)
(v)
(vi)
(vii)
(viii)

WAS THE DECEASED MARRIED MORE THAN ONCE? YES NO

If yes, state full particulars of spouse and children from previous marriage/s and addresses and telephone number of persons where they can be contacted and/or in whose care they are:

3. PARTICULARS OF APPLICANT

First names and surname: _____

Identity number: _____

Date of birth: _____ Nickname: _____

Relationship with deceased: Spouse Date of marriage/divorce: _____

Child Parent Brother Sister

If other specify e.g. (Ex wife/Uncle): _____

HOME ADDRESS: _____

Name of village/township/suburb: _____

POSTAL ADDRESS: _____

Contact number/s: _____ Cell: _____

Home language: _____

BANKING DETAILS:

_____ (Name of Bank)
 _____ (Branch code)
 _____ (Account number)
 _____ (Type of account)

(A POST OFFICE SAVINGS ACCOUNT IS NOT ACCEPTABLE).

STAMP OF BANK/BUILDING
 SOCIETY

4. Name and address of next of kin or acquaintance: _____

5. I undertake to inform the Fund about any changes that may occur.

6. I undertake to advise the Fund immediately should any of the above-mentioned 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 that may occur, together with interest thereon, shall be recovered from me.

DECLARATION OF DEPENDENCY BY APPLICANT

(Only to be completed where applicant was dependant on the deceased)

I, (full name) _____

Identity number: _____

do solemnly declare as follows:

- a. I am unemployed/employed/a pensioner and my monthly income is R_____
- b. I was dependent on the deceased and he/she used to support me at the rate of _____ per month.
- c. I also receive the sum of _____ per month from my children/relatives/other sources.

LOBOLA DECLARATION

(Only completed by spouse e.g. Husband/Wife who was married to the deceased in customary union)

I, (full name) _____

Identity number: _____

do solemnly declare as follows:

- a. My late boyfriend/husband/I paid _____ for lobola.
- b. From the relationship/marriage _____ children were born.
- c. My marriage to the deceased was not dissolved before _____ (date of death) by divorce or otherwise.
- d. I was the only/first/second wife/husband of the deceased and we were never separated from each other.

THE AFOREMENTIONED PARTICULARS ARE CORRECT IN EVERY RESPECT.

* **SIGNATURE OR RIGHT-HAND THUMB-PRINT OF APPLICANT:**

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 signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oaths. (PLEASE COMPLETE IN FULL)**

Signature:

Force number:.....

Full name and surname:

Position held:

Street Address:

Area:

OFFICIAL STAMP

DECLARATION BY WITNESS

(PLEASE NOTE that the witness must be a member of the deceased's family).

I, (full name): _____

Identity number: _____

resident at: _____

declare herewith under oath that, to the best of my knowledge, the applicant

- a. is a spouse/child/guardian/parent/brother/sister/ other dependant of the deceased; and
- b. was dependent on the deceased.

My relationship with the deceased: _____

* **SIGNATURE OR RIGHT-HAND THUMB-PRINT OF WITNESS:**

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 signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oaths. (PLEASE COMPLETE IN FULL)

Signature:

Force number:

Full name and surname:

Position held:

Street Address:

Area:

OFFICIAL STAMP

For a speedy payment of benefits, duly certified copies (containing the full names and street address of the commissioner of oaths) of the under-mentioned documents must accompany your application form:

1. Deceased's identity document
 2. Death certificate.
 3. Applicant's identity document.
 4. Bank statement from applicant (Confirmation of banking details)
 5. Proof of marriage:
 - a. legal marriage certificate, or
 - b. lobola affidavits from applicant and witness, or
 - c. If the above is not available a letter from Tribal Chief confirming the marriage.
 6. Children's birth/baptismal certificates, or copy of identity document.
 7. Bank statements from adult children.
 8. Witness's identity document. (Witness must be a member of the deceased's family).
 9. Witness affidavit confirming deceased's marital status and number of children.
 10. Every applicant to complete his/her own application form.
 11. This application form consists of 4 pages. Please ensure that all 4 pages are **fully** completed.
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