

PENSION NUMBER OF DECEASED : _____

PARTICULARS OF DECEASED		
First names and surname:		
Nickname:		
Identity number:		
Municipality:		
Date of birth:		
Date of death:		
Tax reference number:		
Was the deceased married more than once?	YES	NO
If yes, state full particulars of spouse and of former 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:		

PARTICULARS OF APPLICANT						
First names and surname:						
Relationship with deceased:	Spouse	Child	Guardian	Parent	Brother/Sister	Other
If other, specify and attach proof, e.g. (Ex-wife/husband):						
Date of birth:						
Date of marriage/divorce:						
Nickname:						
Maiden name:						
Address: The addresses will be used for your communication, if not completed it will be mailed to the employer	Residential Address			Postal Address		
Name of village:						
Next to church, school, etc.:						
Telephone number:			Fax number:			
Cell phone number:						
Home language:			Email address:			

HOW MANY CHILDREN DID THE DECEASED HAVE FROM ALL HIS MARRIAGES AND RELATIONSHIPS

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DO YOU KNOW OF ANY OTHER FINANCIAL DEPENDENTS (PARENTS, SIBLINGS OR OTHER)

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PARTICULARS REGARDING ALL CHILDREN REGARDLESS OF AGE AND STATUS

NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO MEMBER	ATTENDING SCHOOL/A TERTIARY INSTITUTION/ARE WORKING	NAME OF CURRENT CARE GIVER	CONTACT DETAILS OF CARE GIVER OR BENEFICIARY

PAYMENT OF BENEFITS

Name of account holder:	
Bank:	
Branch:	
Branch code:	
Account number:	

NAME AND ADDRESS OF TRIBAL CHIEF (IF APPLICABLE)

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

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.

DECLARATION OF DEPENDENCY BY APPLICANT

I, (full name) _____

Identity number _____ do solemnly declare as follows:

A. I am unemployed/employed/a pensioner/a student and my monthly income is R _____

B. I was dependent on the deceased and he/she used to support me at the rate of R _____ per month

DECLARATION OF FINANCIAL CIRCUMSTANCES

(To be completed by the applicant. **THIS SECTION MUST BE COMPLETED CAREFULLY AND COMPREHENSIVELY, FAILING WHICH MAY DELAY THE DISTRIBUTION AND/OR BE DETRIMENTAL TO THE APPLICANT**)

a) Was the amount received mentioned in "B" above for the maintenance of you or for the maintenance of minor CHILDREN? _____ _____		
b) Were you employed at the time of the death of the deceased?	YES	NO
c) Are you currently employed? If yes, please state where, when and for how long you have been employed as well as the amount you earn on a monthly basis and submit proof of your income if available _____ _____	YES	NO
d) Do you receive any government grant? If yes, please state the details and the amount. Old age grant R _____ Child grant R _____ Disability grant R _____ Other R _____	YES	NO
e) Do you have any other source of income? If yes, please state full details. _____ _____	YES	NO
f) Do you have any assets? If yes, please state full details _____ _____	YES	NO
g) Did the deceased have any assets at the time of death and who will inherit these assets? If yes, please state full details _____ _____	YES	NO
h) Do you have any liabilities? If yes, please state the outstanding balances. _____ _____	YES	NO
i) Is there any insurance policies payable? If yes, please state full details (amount and the beneficiaries benefiting) _____ _____	YES	NO

j) Do you operate a banking account? If yes, what type of account? _____ _____	YES	NO
k) Do you have any investments in your own name? If yes, what type of investment? _____ _____	YES	NO
l) Do you have any accounts? If yes, what is the status of these accounts i.e. are the payments up to date or in arrears? If there are arrear amounts why have these not been paid? _____ _____	YES	NO
m) What is your highest level of education? Are you studying? Who is paying for your tuition fees? How much is your accommodation (Rental/Travelling expenses/Groceries)? How many years before completing your course? n) How have you been managing financially since the member's death? _____		
o) Where do you reside i.e. in a rented or owned property? How long have you been living in this property? _____		
p) If you were to receive a lump sum what would you do with the funds? _____		
q) What knowledge/experience do you have with regards to handling the financial matters? _____ _____		
r) Please provide particulars regarding your income and expenditure		
Type/description	Monthly income	Monthly Expenses

DECLARATION OF FINANCIAL CIRCUMSTANCES OF THE ADULT CHILDREN OF THE DECEASED STILL STAYING WITH THE SURVIVING SPOUSE
(To be completed by the applicant)

Name of adult children:	If dependent state amount of dependency on the deceased:	Monthly income of the adult child:	Expenses of the adult child:	Other relevant information:

DECLARATION OF GUARDIANSHIP
(To be completed by the Guardian)

I, (full name) _____

Identity number _____ Hereby declare that I am the GUARDIAN of the following children:

NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO THE CHILD

My relationship with the deceased: _____
 Are the dependent children currently staying with you: _____
 If no please explain why and give details? _____

I undertake to care for them with the money received on their behalf and will ensure that this money be used for their benefits and I will further ensure that they will attend school until they are independent.

I also undertake that I will inform the administrator or the fund if I cannot continue to act as their guardian.

MARITAL STATUS

Tick the applicable boxes

I was the -

- | | |
|---------------------------|--------------------------|
| 1) Permanent life partner | <input type="checkbox"/> |
| 2) Spouse | <input type="checkbox"/> |
| 3) Civil union partner | <input type="checkbox"/> |

of the deceased in accordance with the -

- | | |
|--|--------------------------|
| a) Marriage act, no 68/1961 | <input type="checkbox"/> |
| b) Recognition of customary marriage act, no 68/1997 | <input type="checkbox"/> |
| c) Civil union act, no 17/2006 | <input type="checkbox"/> |
| d) Tenets of religion (lobola/other) | <input type="checkbox"/> |

LOBOLA DECLARATION

(Only to be completed by spouse e.g. husband/wife who was customarily married to the deceased)

I, (full name) _____

Identity number _____ do solemnly declare as follows:

- a. My late boyfriend/husband paid _____ for lobola.
- b. From the relationship/marriage _____ children were born
years before his/her death.
- c. We were separated from (date) _____
- d. We were divorced on _____
- e. I was the only/first/second wife/husband of the deceased.

DECLARATION BY APPLICANT

THE INFORMATION COMPLETED IN THIS APPLICATION FORM IS CORRECT IN EVERY ASPECT

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

Signed and sworn to before me at _____ on this _____

day of _____ 201_ 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 Commissioner of Oath.**

PLEASE COMPLETE IN FULL

To BE COMPLETED BY A COMMISSIONER OF OATH	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	

DECLARATION BY WITNESS (DECEASED'S FAMILY MEMBER)

I, (full name) _____

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

- a. is a spouse/child/guardian/parent/brother/sister/other dependent of the deceased, and
If other was selected above please explain: _____
- b. was dependent on the deceased.

My relationship with the deceased

mother	father	sister	brother	other
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If other was selected above please explain: _____

My address _____

My telephone number _____

Please note that the witness must be a member of the deceased's family

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

Signed and sworn to before me at _____ on this _____

day of _____ 201_ 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 Commissioner of Oath.**

PLEASE COMPLETE IN FULL

TO BE COMPLETED BY A COMMISSIONER OF OATH	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	
HR Office:	
Municipality:	
Personnel Officer:	
Telephone number:	