

DISPOSITION OF DEATH BENEFITS

EMPLOYER RECOMMENDATIONS TO AND FOR RESOLUTION BY THE TRUSTEES

Section 37C of the Pension Funds Act No. 24 of 1956 sets out the requirements regarding the payment of any benefit by a fund upon the death of a member.

In terms of the Act, Trustees have a duty to ensure that the benefits are distributed fairly to dependants and nominees, and to ensure that those financially dependent on the deceased are adequately catered for, before making any distribution to nominees.

This Employer's recommendation must take into account the deceased member's expressed wishes as contained in the Beneficiary Nomination Form, but fully understanding that such wishes are in no-way binding on the Trustees, who are duty bound to apply their minds to the matter before resolving how, and to whom, the benefit must be distributed. In applying their minds, the Trustees need to appreciate the legislated definition of a dependant, as follows:

1. a person in respect of whom the member is legally liable for maintenance.
2. a person in respect of whom the member is not legally liable for maintenance, if such a person:
 - 2.1 was, in the opinion of the Trustees, dependant on the deceased member for maintenance
 - 2.2 is the spouse of the member (includes customary union).
 - 2.3 is the child of the member, including a posthumous child, an adopted child and an illegitimate child.

Accordingly in making a recommendation the Employer must take cognisance of the obligations of the Trustees as set out above.

LIST OF REQUIREMENTS THAT ARE NECESSARY TO FINALIZE A DEATH CLAIM:

- | | |
|-----|---|
| 1. | Three certified copies of the death certificate (only a computerised B1-5 is acceptable). |
| 2. | Three certified copies of the Deceased's Identity Document. |
| 3. | Completed Notification of Death Form (Blank copy attached). |
| 4. | Completed Form D (Blank copy attached). |
| 5. | Copy of Deceased's last payslip (indicating weekly/monthly rate of pay). |
| 6. | Copy of latest Beneficiary Nomination form and a copy of the deceased's Will, if available. |
| 7. | Certified copy of marriage certificate/customary union certificate (if deceased was married). |
| 8. | Certified copy of decree of divorce (if applicable). |
| 9. | Certified copy of Spouse's Identity Document (if deceased was married). |
| 10. | Certified proof of identity for the deceased's children (if any) this can be preferably in the form of an ID book or printed Home Affairs birth certificate or Baptismal Certificate. |
| 11. | Certified copy of ID book of any other beneficiaries who were listed on the beneficiary nomination form or who believe they are entitled to receive a benefit, e.g. A mother of a child of the deceased to whom he was not married; or a sibling (brother/sister) of the deceased; or a parent of the deceased. |
| 12. | Copy of appointment by Children's Court as guardian for any guardian of minor children, if not a natural parent. (This can be arranged by the guardian's local social welfare department and is a free service). |
| 13. | Letter to the Trustees on the findings and recommendations of your Human Resources department with regard to the distribution of the benefits. |
| 14. | Banking details and both postal and residential addresses of all beneficiaries. |



**DISPOSITION OF DEATH BENEFITS
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FUND NAME:			
EMPLOYER:			
DECEASED MEMBER: SURNAME:			
FIRST NAMES:			
DATE OF BIRTH:		DATE OF DEATH:	

RECOMMENDATION BY THE EMPLOYER:

CASH LUMP SUM:				
Name of Beneficiary	Relationship To Deceased	Share %	Rand Amount	TRUSTEES APPROVAL
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

LUMP SUM IN TRUST:						
Name of Beneficiary	Relationship to Deceased	Share %	Capital Rand Amount	Monthly Income Rd Amt	Capital Disbursement Date or Age	TRUSTEES APPROVAL
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO

EMPLOYER'S DECLARATION:

On behalf of the Employer it is recommended that the benefits due be disbursed as detailed above.

COMPANY NAME:		COMPANY STAMP
COMPANY REPRESENTATIVE:		
SIGNATURE OF REPRESENTATIVE:		
DESIGNATION:		
DATE:		

ACCEPTED & CONFIRMED BY THE TRUSTEES

CERTIFIED A TRUE EXTRACT by:		
SIGNED:		
	CHAIRMAN / PRINCIPAL OFFICER	DATE



AFFIDAVIT

BY SPOUSE / COMMON-LAW SPOUSE / PARTNER:

(Please note that a separate Affidavit is required in respect of each Spouse / Common-Law Spouse / Partner)

Relationship to Deceased:	Spouse	Common-Law	Partner	Other
DATE OF BIRTH:	If Other: State Relationship:			
IDENTITY NUMBER:	Copy attached		YES	NO

Marriage / Customary Union Certificate:	Copy attached		YES	NO
Did the union bear any children?	YES	NO	Number of Children:	
Children's Identity Documents:	YES	NO	Number of copies attached:	
Date of Divorce (If applicable):	Copy of Decree attached:		YES	NO

Children Names	Birth Dates	Age	Gender	Dependency

Details of Financial Support:

Declaration by Spouse/Common-Law Spouse/Partner:

Bank Account details of Potential Beneficiary

Account Holder's Name:			
Account Number and Type:			
Bank Name:			
Bank Branch & Code:			

I certify and confirm that all information herein contained is, to the best of my knowledge, true and correct, and that I know of no other financially dependant persons of the deceased other than as stated in this document. I further confirm that should any benefit be deemed due to me, then the Fund's Administrator is hereby authorized to make payment into the Bank Account, as stated above and I agree that payment by: (a) Electronic Fund Transfer, EFT to the given account above, or (b) crossed cheque shall constitute good and effectual settlement and shall be the full and final discharge of the Fund and the Administrator of their liabilities in terms of the Rules of the Fund.

SIGNED:		DATE:	
WITNESS:		DATE:	



AFFIDAVIT

BY OTHER INTERESTED PARTY:

(Please note that a separate Affidavit is required in respect of each Other Interested Party)

PERSON INTERVIEWED: NAME			
Relationship to Deceased:			
DATE OF BIRTH:			
IDENTITY NUMBER:		Copy attached	YES NO

Details of Financial Support (If applicable):

Declaration by Other Interested Party:

Bank Account details of Potential Beneficiary

Account Holder's Name:			
Account Number and Type:			
Bank Name:			
Bank Branch & Code:			

I certify and confirm that all information herein contained is, to the best of my knowledge, true and correct, and that I know of no other financially dependant persons of the deceased other than as stated in this document. I further confirm that should any benefit be deemed due to me, then the Fund's Administrator is hereby authorized to make payment into the Bank Account, as stated above and I agree that payment by: (a) Electronic Fund Transfer, EFT to the given account above, or (b) crossed cheque shall constitute good and effectual settlement and shall be the full and final discharge of the Fund and the Administrator of their liabilities in terms of the Rules of the Fund.

SIGNED:		DATE:	
WITNESS:		DATE:	