

# NOTIFICATION OF DEATH

<b>FUND NAME:</b>													
<b>PARTICIPATING EMPLOYER:</b>					<b>CODE No:</b>								
<b>MEMBER'S SURNAME:</b>													
<b>MEMBER'S FIRST NAMES:</b>													
<b>DATE OF BIRTH:</b>			D	D	M	M	Y	Y	Y	Y			
<b>IDENTITY NUMBER:</b>													
<b>TAX REF. NO.</b>			<b>TAX OFFICE:</b>										
<b>Member's Payroll Ref. No.:</b>													
<b>Member's Date of Death:</b>			D	D	M	M	Y	Y	Y	Y			
<b>Last Contribution Date:</b>			D	D	M	M	Y	Y	Y	Y			
<b>Last Contribution Amount:</b>				MEMBER: R				EMPLOYER: R					
<b>Pensionable Salary at Retirement:</b>				R		PM		R		PA			
<b>FORM D</b> <i>(On Reverse side of form)</i>			<i>Form D must show HIGHEST ACTUAL salaries earned during ANY five consecutive years in the service of the Employer during membership of the Fund.</i>										
<b>Member's PO Address: (Payment)</b>			Member's PO Address										
			Member's PO Address							PO CODE			
<b>Member's Physical Address: (IRP5)</b>			Member's Physical Address										
			Member's Physical Address							PO CODE			

### DISTRIBUTION DETAILS

<b>Distribution Documents Required:</b>	1. Copy of latest Beneficiary Nomination Form	Attached	YES	NO
	2. Employer Findings and Recommendation	Attached	YES	NO
	3. Trustees' Certified Distribution Resolution	Attached	YES	NO
	4. Beneficiary Banking Details	Attached	YES	NO

*NOTE: 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. The 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.*

### PAYMENT DETAILS

<b>Banking Account Details:</b>		<i>Banking details for each beneficiary are to be included with the Distribution Documents. If they are not available at the time of completion they must be forwarded separately.</i>		
<b>Indebtedness to Employer:</b>		R	<i>Supporting documentation attached.</i>	
			Yes	No

*NB: To be recovered from benefit (as per Section 37D of the Pension Funds Act). Payment to the Employer is only permissible under a registered fund where the member is indebted in respect of a housing loan or fraud or the benefit has been paid by the Employer in special circumstances. Supporting documentation must be provided.*

**Authorisation & Discharge:** *I, the signatory below, do hereby certify that the information is true and correct in every detail, and that the Fund's Administrator is hereby authorized to make payment as stipulated by the Trustees, following the death of the member. 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.*

<b>SIGNED ON BEHALF OF THE FUND / EMPLOYER:</b>		COMPANY STAMP		
<b>FULL NAME:</b>				
<b>DESIGNATION:</b>				<b>DATE:</b>
For Administrator's use:		<b>Membership No.:</b>		<b>Date Captured:</b>

# FORM D

(To be completed on Retirement or Death of a member)

## DETAILS OF SALARY EARNED

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the fund:

**YEAR** (ccyy)

**ANNUAL SALARY**

**TOTAL**

Average for 5 years or lesser period if employee employed for lesser period

### ON DEATH:

The members salary during 12 months immediately preceding death

### NOTE:

Salary includes any amount received or receivable annually under a contract of service as well as cost of living allowances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependant on the whim of Directors or employer.

### DETAILS OF EMPLOYER:

NAME

PAYE reference no.

Contact person

(code)

(number)

Telephone no.

Postal address

Postal code

Physical address

Postal code

Certified to be true and correct.

(ccyy) (mm) (dd)

Signature

DATE