Registration number: 1969/018487/07 | FAIS licence number: 1177

Umbrella Fund Administration

Telephone: 0860 100 333 | Email: admin@aforbes.com

Death claim - member

Why do I need to complete this form? The purpose of this form is to inform a fund of the death of a member so that the fund can process the death benefit. Name of fund
Name of employer or paypoint



About claiming for a death benefit

Time limits for submitting a death claim

If the time limits are not met, the claim may not be accepted, and no claim will be paid out.

Retirement fund member dies	3 months	12 months*						
	Notify Alexander Forbes or the insurer of the death	Submit all documents supporting the death to Alexander Forbes or the insurance company						

^{*}The time limit of 12 months is a guideline only. Please refer to the terms and conditions of the insurance policies for the time limit that applies because it might be shorter.

What happens if a trustee disposal resolution has been signed but 24 months later the fund has still not paid out the benefit (or part of it) to a beneficiary?

The amount might become an unclaimed benefit and be transferred to an unclaimed benefit fund.



Documents you must attach to this form

You must attach copies of the following documents to this form. If any information is not yet available (for example the disposal instructions), you can send them to us as soon as you have them.

Document type	Attached \	Y /N
Member's death certificate (certified copy)	Yes	N
Member's proof of age (ID document, passport)	Yes	N
Form BI-1663 as proof of reporting the death	Yes	N
Last payslip the month before the member passed away		
In the event of unnatural death, a copy of the SAPS report or accident report for accidental death	Yes	N
If the member was married: • Member's marriage certificate or a letter from the tribal authority confirming customary marriage	Yes	N
■ Proof of age for spouse*	Yes	N
Proof of age of dependent children (if applicable)	Yes	N
If there is any divorce or maintenance court order that affects the payment of fund benefits: © Copy of the court order	Yes	N
If there is a debt to the employer in terms of section 37D of the <i>Pension Funds Act</i> : ■ Copy of the court order or the member's admission of liability	Yes	N
Beneficiary nomination form(s) (submit the death notification even if beneficiary documents are outstanding)	Yes	N
Approved or unapproved death benefit form(s)	Yes	N
Note: Please submit the form(s) as soon as possible. If the completed form is not available, it should be submitted later.		

Please hand us this claim form as soon as possible but bear in mind that we will only start the rest of the death claim process once we have received all the documents that we require.

^{*} A spouse is the person who the member was married to under the laws of South Africa, according to the laws of their religion or in a customary union, or who the member was living with in a long-term relationship.



How to complete this form - follow these steps

- 1. You can fill this form in electronically or you can print and sign it.
- 2. You must sign the form and date it.
- 3. Attach the documents requested above to the completed form.
- 4. Complete the Employer's declaration in the form and submit it directly to the contact person at Alexander Forbes.

Key points to understand about this form

If you do not complete all the information on this form, the payment of the benefit will be delayed. Please read this document carefully and contact us if you have any questions.



How to contact us

- If you want to ask us if we have the beneficiary's personal information, you can contact us at the telephone number shown at the top of the form.
- If the beneficiary's personal information is incorrect, we will change it if you make us aware of this.
- If you want a record of the personal information we have for the beneficiary, we might charge you a fee for this. Please contact us to find out what the fee is.

Section 1 | About the deceased member (the person who died)

Please fill in all the	he in	ıfoı	rma	atic	n i	in t	his	se	ecti	on																										
Name(s)	I	I	I	ı	ı	ı	ı	1	1		1		ı	1	ı	1	1	1	1	1		ı	1	ı	ı			ı			1		ı		ı	1
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Maiden name																																				
Identity or passport nu	mber																Da	ate c	of bii	rth	D		1	1	^M [Υ	Y	Y								
Did the deceased men	nber h	nave	as	pou	ıse*	?																														
Yes No, If							nad	a sp	ous	e, p	lea	se	pro	vid	e th	eir s	spou	ıse's	s ID	nur	nbe	er														
*A spouse is the perso union, or they were livi										ed t	o ui	nde	er th	e la	aws	of S	Sou	h At	frica	, ac	cor	din	g to	the	e lav	ws	of t	hei	r rel	ligio	n o	r in	а си	ısto	mar	у
Residential address Unit number	Con	nple	x na	ame	!																															
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Date member last activ	vely a	t wo	rk			Da	ate c	of de	ath		V																									
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Cause of death (if know	wn)		_			An	nua	ıl sa	lary	on	wh	ich	dea	ath	ben	efit	is b	ase	d																	
Accidential	Nor	n-ac	cide	entia	al																															
Income tax number						Re	ever	nue	offic	ce												_														
Divorce or maint Is there a divorce or m								ed th	nat o	coul	d a	ffed	ct th	e p	avn	nen	t of	func	l bei	nefi	ts?	-														

If yes, please provide a certified copy of the court order.

No

Amount to be deducted from the benefit and paid to the employer:	R																	
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Fill in this section if there is an amount to be deducted from the member's benefit and paid to the employer in terms of section 37D of the *Pension Funds Act*.

Debt includes:

- 1. Debt for a housing loan, if one of the following has occurred:
- The fund or the employer gave a housing loan to the member and the member owes money on the loan.
- The fund or the employer-provided a guarantee for a housing loan for the member and the guarantee is enforced.
- Debt arising from theft, dishonesty, fraud or misconduct. If the employer has experienced loss because of this, and one of the following has occurred:
- The member admitted responsibility (liability) in writing.
- There is a court judgment against the member.
- If the above applies, please attach a copy of:
 - the court order
 - the member's admission of liability

This is according to section 37D of the Pension Funds Act. Please speak to us if you need more information.

Section 2 | Employer to complete

Employer declaration

Please read and sign that you agree with the following:

- 1. You have deducted the contribution that was required until the date of the member's death, and you have paid the contribution to the fund.
- 2. The deceased member's details that you have provided to us are complete and accurate. We will accept the claim form as accurate unless you tell us about any changes within one business day of submitting the form. (Note that business days are Mondays to Fridays, excluding Saturdays, Sundays and official South African public holidays.)
- 3. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund is responsible for the losses.

Name and surname			
Job title			
Contact number			
Sign here	 	Date	



By signing here, you declare that you are duly authorised to do so.

Personal information, privacy and security

Find out how we protect your personal information, privacy and security