



Details of dependants - Retirement/Pension Funds

Policy number _____

Estate late (full names and surname) _____

Please read the following information carefully before completing the form

Sanlam is considering a death claim. The member who died was a member of a retirement fund underwritten by us. There are now death benefits available from the retirement fund.

The member could have chosen persons (nominees) to receive the death benefits from the fund. However, the Board of Trustees is by law (Pension Funds Act, section 37C) responsible to make sure that not only nominees but all potential dependants of the member are carefully considered to receive a portion of the benefits. For that reason we need more information about the dependants of the member.

For the Board of Trustees of the fund to decide who to pay the proceeds to, you must complete all sections applicable in full.

1. A family member or other person with personal knowledge of the member's circumstances must complete the form.
2. Return all the pages to us even if the information is not applicable.

It is in your own interest to complete and submit this form and the annexures as quickly as possible, as we are only able to proceed with this claim once we have processed and considered all the required information.

Section A – Information about the member who died

- Please provide the information that applied at the time of the member's death.
- Please attach the first and final liquidation and distribution account which you can get from the executor, if available.

Identity number _____ Occupation _____

Marital status Customary marriage Civil marriage Life Partner
 Widow/Widower Divorced Single

Employer name, address and contact number

Yearly income before tax (all sources) R _____ Income tax number (compulsory) _____

Estimated value of estate R _____

Name, Address and Contact details of executor/ administrator of estate

Please provide the details of policies at companies other than Sanlam

Company name	Policy number	Amount

Policy number _____

Estate late (full names and surname) _____

Section A (continued)**A.1. List of surviving spouse/life partner and/or all previous spouses (compulsory)**

- If any of the spouses are deceased, we require a copy of the Death Certificate.
- If the member was divorced, we required a copy of the Final Divorce Orders and Settlement agreements.
- If the member was divorced and the ex-spouse is deceased, we require a copy of the Death Certificate and Final Divorce Orders and Settlement agreements.

	Full name and surname	Date of birth/ Identity number	Date married	Date divorce (if applicable)	Date of death (if applicable)
1					
2					
3					
4					
5					
6					

A.2. Deceased's children (compulsory) – major and minorDid the deceased have any children? Yes No

If "Yes", please list below the

- deceased's biological children,
- child(ren) born out of wedlock,
- adopted child(ren) and/or
- unborn child(ren).

Also complete Section D in detail for each child listed below.

	Full name and surname	Date of birth/ Identity number	Dependent on deceased Yes / No	Contact number(s)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Policy number _____

Estate late (full names and surname) _____

Section B – Information about the member's surviving spouse or life partner**Important:** Complete **only one person's information per page** and make copies of this page if needed.

Please attach to the page (compulsory):

- Completed Annexure B: Statement of Income and Expenses
- Completed Annexure C: Statement of Assets and Liabilities

Full names and Surname _____

Previous name (if applicable) _____

Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card (copies of both sides)

Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Relationship with the deceased: Civil spouse Customary spouse Life partner

Date married (please attached marriage certificate) _____ (dd/mm/ccyy)

Married in or out of community of property? _____

Did this person live with the member at time of death? Yes No

If "No", since when did they not live together? _____ (dd/mm/ccyy)

If "Yes", – from date _____ (dd/mm/ccyy) until date _____ (dd/mm/ccyy)

Was/Is the surviving spouse/life partner employed? At time of death Currently

Monthly Income R _____

Home address _____

Postal/Zip code _____

Postal address
(if not the same as home address) _____

Postal/Zip code _____

Work contact number () _____ Fax number () _____

Home contact number () _____ Cell phone number _____

E-mail address _____

Bank details for payment (proof of bank account compulsory)

Name of account holder _____

Bank name _____ Branch name _____

Account number _____ Branch code (6 digits) _____

Type of account Current (cheque) Savings Transmission

Policy number _____

Estate late (full names and surname) _____

Section C – Information about the member's previous spouse(s)

- Important:**
- Make **copies of this page if more than two previous spouses.**
 - Please attach a copy of the final divorce order and settlement agreement (compulsory).
 - Please attach a copy of the death certificate if the previous spouse is deceased (compulsory).

Previous spouse 1

Full names and Surname _____

Previous name (if applicable) _____

Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card (copies of both sides)

Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Home address _____

Postal/Zip code _____

Postal address
(if not the same as home address) _____

Postal/Zip code _____

Work contact number () _____ Fax number () _____

Home contact number () _____ Cell phone number _____

E-mail address _____

Date married _____ (dd/mm/ccyy) Date divorced _____ (dd/mm/ccyy)

Did this person live with the member at time of death? Yes No

If "No", since when did they not live together? _____ (dd/mm/ccyy)

If "Yes", – from date _____ (dd/mm/ccyy) until date _____ (dd/mm/ccyy)

Is this ex-spouse re-married? Yes No If not re-married, is the ex-spouse living with someone as husband and wife? Yes No

Monthly maintenance received at time of death for: Ex-spouse R _____ Child(ren) R _____

Policy number _____

Estate late (full names and surname) _____

Previous spouse 2

Full names and Surname _____

Previous name (if applicable) _____

Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card (copies of both sides)

Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Home address _____

Postal/Zip code _____

Postal address
(if not the same as home address) _____

Postal/Zip code _____

Work contact number (_____) _____ Fax number (_____) _____

Home contact number (_____) _____ Cell phone number _____

E-mail address _____

Date married _____ (dd/mm/ccyy) Date divorced _____ (dd/mm/ccyy)

Did this person live with the member at time of death? Yes No

If "No", since when did they not live together? _____ (dd/mm/ccyy)

If "Yes", – from date _____ (dd/mm/ccyy) until date _____ (dd/mm/ccyy)

Is this ex-spouse re-married? Yes No If not re-married, is the ex-spouse living with someone as husband and wife? Yes No

Monthly maintenance received at time of death for: Ex-spouse R _____ Child(ren) R _____

Policy number _____

Estate late (full names and surname) _____

Section D – Information of all the deceased's children (irrespective of age)

- Important:**
- Please attach a copy of the bank statements and if applicable adoption papers.
 - Make a **copy of page 6 and 7 if more than 2 children.**
 - Major children (older than 18 years) must also complete either "Annexure A: Give up the right to claim fund benefits", OR "Annexure B: Statement of income and expenses and "Annexure C: Statement of assets and liabilities"

Child 1

Full names and Surname _____

Previous name (if applicable) _____

Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

**Provide a copy of your Identification document or Identification Smart card (copies of both sides)*Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Home address _____

Postal/Zip code _____

Work contact number (_____) _____ Fax number (_____) _____

Home contact number (_____) _____ Cell phone number _____

E-mail address _____

*Please select the applicable option with an "X"*Scholar Student Disabled Employed Unemployed Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)*

If employed mention occupation _____ Monthly income: R _____

If child disabled, is the child receiving social grant? Yes No Relation to the deceased: *Please select the applicable option with an "X"*Biological child Adopted Stepchild Foster Other - specify _____**Bank details for payment** (proof of bank account compulsory)

Name of account holder _____

Name of bank _____ Name of branch _____

Account number _____ 6-digits branch code _____

Type of account: Current (cheque) Savings Transmission

Policy number _____

Estate late (full names and surname) _____

Child 1 *(continued)***Compulsory – Details of child's biological parents**

	Mother	Father
Full name and surname		
Previous name		
Date of birth		
Country of birth		
Identity number		
Country of issue		
Nationality		
Home address		
Postal/Zip code		
Telephone number		
Cell phone number		
Email address/Fax number		

If child is minor – in whose care is child currently

Full name and surname _____

Previous name *(if applicable)* _____Date of birth _____ *(dd/mm/ccyy)* Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ *(dd/mm/ccyy)***Provide a copy of your Identification document or Identification Smart card (copies of both sides)*Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Home address _____

Postal/Zip code _____

Telephone number () _____ Cell phone number _____ Fax number () _____

Email address _____

Policy number _____

Estate late (full names and surname) _____

Child 2

Full names and Surname _____

Previous name (if applicable) _____

Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

**Provide a copy of your Identification document or Identification Smart card (copies of both sides)*Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Home address _____

Postal/Zip code _____

Work contact number (_____) _____ Fax number (_____) _____

Home contact number (_____) _____ Cell phone number _____

E-mail address _____

*Please select the applicable option with an "X"*Scholar Student Disabled Employed Unemployed Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)*

If employed mention occupation _____ Monthly income: R _____

If child disabled, is the child receiving social grant? Yes No Relation to the deceased: *Please select the applicable option with an "X"*Biological child Adopted Stepchild Foster Other - specify _____**Bank details for payment** *(proof of bank account compulsory)*

Name of account holder _____

Name of bank _____ Name of branch _____

Account number _____ 6-digits branch code _____

Type of account: Current (cheque) Savings Transmission

Policy number _____

Estate late (full names and surname) _____

Child 2 (continued)**Compulsory – Details of child's biological parents**

	Mother	Father
Full name and surname		
Previous name		
Date of birth		
Country of birth		
Identity number		
Country of issue		
Nationality		
Home address		
Postal/Zip code		
Telephone number		
Cell phone number		
Email address/Fax number		

If child is minor – in whose care is child currently

Full name and surname _____

Previous name (if applicable) _____

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

**Provide a copy of your Identification document or Identification Smart card (copies of both sides)*Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Home address _____

Postal/Zip code _____

Telephone number () _____ Cell phone number _____ Fax number () _____

Email address _____

Policy number _____

Estate late (full names and surname) _____

Section E – Any other parties financially dependent on deceased

- Important:**
- Make **copies** of this page if more than 2 dependants
 - Dependants must also complete either "Annexure A: Give up the right to claim fund benefits", OR "Annexure B: Statement of income and expenses and "Annexure C: Statement of assets and liabilities"

Dependant 1

Full names and Surname _____

Previous name (if applicable) _____

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*

Number _____ Country of issue _____

Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card (copies of both sides)

Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Home address _____

Postal/Zip code _____

Postal address
(if not the same as home address) _____

Postal/Zip code _____

Work contact number () _____ Fax number () _____

Home contact number () _____ Cell phone number _____

E-mail address _____

Relation to the deceased: *Please select the applicable option with an "X"*Biological child Adopted Stepchild Foster Other - specify _____

How was this person dependent on the deceased? _____

Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)***Bank details for payment** (proof of bank account compulsory)

Name of account holder _____

Name of bank _____ Name of branch _____

Account number _____ 6-digits branch code _____

Type of account: Current (cheque) Savings Transmission

Policy number _____

Estate late (full names and surname) _____

Dependant 2

Full names and Surname _____

Previous name (if applicable) _____

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Country of birth _____

Type of identification Identity document* Passport *copy of applicable document compulsory*
 Number _____ Country of issue _____
 Passport expiry date _____ (dd/mm/ccyy)

*Provide a copy of your Identification document or Identification Smart card (copies of both sides)

Country and/or Country of citizenship/Nationality RSA Other country Yes* No

* If "Yes", please give other country _____

Income tax number _____ Tax office _____

Home address _____

Postal/Zip code _____

Postal address
(if not the same as home address) _____

Postal/Zip code _____

Work contact number () _____ Fax number () _____

Home contact number () _____ Cell phone number _____

E-mail address _____

Relation to the deceased: *Please select the applicable option with an "X"*Biological child Adopted Stepchild Foster Other - specify _____

How was this person dependent on the deceased? _____

Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)***Bank details for payment (proof of bank account compulsory)**

Name of account holder _____

Name of bank _____ Name of branch _____

Account number _____ 6-digits branch code _____

Type of account: Current (cheque) Savings Transmission **Declaration by person completing this form (complete in presence of Commissioner of Oaths)**

I declare that:

- I have completed this form.
- I understand the information in this document.
- The information is correct.

Full names and surname _____

Identity number _____ My relationship with the member _____

Signature _____

Date _____ (dd/mm/ccyy) Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on _____ (dd/mm/ccyy) Place _____

Official stamp of Commissioner of Oaths

Fund name: _____

Policy number: _____

Estate late (full names and surname) _____

Annexure A: Give up the right to claim fund benefits

- Important:**
- When you complete this form **do not** complete Annexure B and C.
 - Any adult, potentially dependent person who wishes to give up their right to claim any benefits from the above-mentioned fund(s) must sign this document and return it to us, together with the fully completed "Details of dependants" form.
 - Make a **copy** of this document for every potentially dependent person who wishes to give up their rights to claim benefits.

Definition of a dependant

The Pension Funds Act defines a dependant as follows - "dependant", in relation to a member means -

- a person in respect of whom the member is legally liable for maintenance;
- a person in respect of whom the member is not legally liable for maintenance, if such person -
 - was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
 - is the spouse (*) of the member;
 - is a child of the member, including a child born after the member's death, an adopted child and a child born out of wedlock.
- a person in respect of whom the member would have become legally liable for maintenance, had the member not died;

* "spouse" means a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, 1961 (Act No. 68 of 1961), the Recognition of Customary Marriages Act, 1998 (Act No. 68 of 1997), or the Civil Union Act, 2006 (Act No. 17 of 2006), or the tenets of a religion.

Declaration by person completing this form (complete in presence of Commissioner of Oaths)

I declare that:

- I give up my right to claim for any benefits in terms of the above-mentioned fund.
- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname _____

Identity number _____ My relationship with the member _____

Signature _____

Date _____ (dd/mm/ccyy) Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on _____ (dd/mm/ccyy) Place _____

Official stamp of Commissioner of Oaths

Fund name: _____

Policy number: _____

Estate late (full names and surname) _____

Annexure B: Statement of income and expenses

If you are married or in a co-habiting relationship, please complete your own as well as the spouse's/life partner's details. If you are the deceased member's spouse, complete your own and the deceased's details.

- Important:**
- When you complete this form **do not** complete Annexure A
 - Please **make copies** of this document, complete and attach it for each person (excluding minors) listed on the Details of Dependants form. Submit this document with the following
 - Bank statement
 - Salary advice (pay sheet of the person on this document)
 - Statement of assets and liabilities document.

We, the Fund and Sanlam, are not allowed to disclose the information on this document to any third party. For the trustees of the fund to decide to whom the proceeds must be paid, please complete the following as fully as possible.

Personal details	Your information	Spouse or partner's information
Full names and surname		
Identity number		
Your contact number		

Employer details	Your information	Spouse or partner's information
Employer name		
Employer address		
Contact number		
Employee number		

A. Gross income (list monthly gross income from all sources before tax and deductions)	Your information	Spouse or partner's information
Total gross monthly income		

B. Expenses (list monthly expenses)	Your information	Spouse or partner's information
1. Basic needs		
1.1 Accommodation (including electricity and water)		
1.2 Medical expenses		
1.3 Food and clothing (including school wear)		
1.4 Transport		
2. Educational needs (all levels)		
2.1 Accommodation		
2.2 Transport		
2.3 Tuition fees		
2.4 School wear, etc.		
3 Other expenses		
3.1 Maintenance responsibilities		
3.2 Hire purchase/Loan/Credit card instalments		
3.3 Insurance premiums payable		
3.4		
3.5		
Total monthly expenses		

Fund name: _____

Policy number: _____

Estate late (full names and surname) _____

Annexure B: Statement of income and expenses *(continued)*

Declaration by person completing this form *(complete in presence of Commissioner of Oaths)*

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname _____

Identity number _____ My relationship with the member _____

Signature _____

Date _____ *(dd/mm/ccyy)* Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on _____ *(dd/mm/ccyy)* Place _____

Official stamp of Commissioner of Oaths

Fund name: _____

Policy number: _____

Estate late (full names and surname) _____

Annexure C: Statement of assets and liabilities

If you are married or in a co-habiting relationship, please complete your own as well as the spouse's/life partner's details. If you are the deceased member's spouse, complete your own and the deceased's details.

- Important:**
- When you complete this form **do not** complete Annexure A
 - Please **make copies** of this document, complete and attach it for each person (excluding minors) listed on the Details of Dependents form.
 - Submit this document and the Statement of income and expenses document.

We, the Fund and Sanlam, are not allowed to disclose the information on this document to any third party. For the trustees of the fund to decide to whom the proceeds must be paid, please complete the following as fully as possible.

Details of potential dependant or nominee

Full name and surname _____

Identity number _____

A. List all assets (for example property, investments, shares, policies)

Description of asset	Realistic market value of asset (R)	Amount still owed on asset (R)
1.		
2.		
3.		
4.		

B. List all liabilities (for example loans, credit card debt, hire purchase, bond)

Description of liability	Amount still owed (R)
1.	
2.	
3.	
4.	

	Yes	No	(R)
Will you get any other death benefits from retirement funds?			
Will you inherit any money or assets from the client who died?			
Will you receive any benefit from insurance policies from any other company on the life of the client who died?			

Declaration by person completing this form (complete in presence of Commissioner of Oaths)

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname _____

Identity number _____ My relationship with the member _____

Signature _____

Date _____ (dd/mm/ccyy) Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on _____ (dd/mm/ccyy) Place _____

Official stamp of Commissioner of Oaths

Fund name: _____
 Policy number: _____
 Full names and surname of deceased: _____
 Identity number of deceased: _____

Fax/e-mail to Sanlam at:

Telephone number (021) 916 3456
 Fax number (021) 947 3989
 E-mail address deathclaims@sanlam.co.za

Annexure D: Statement of employer's pension fund

The Employer's Pension/Provident Fund of the client who died must complete, stamp and sign this document

Please complete all information regarding the employer of the client who died;

Deceased's pension fund number		
Company name	Address	Contact number
Total value of deceased's Pension/Provident Fund:		R

Please complete the following about the parties that share in the above Pension/Provident provisions:

Name and surname	Identity number	Relationship to deceased	Amount paid / Payable (R)	For minors, if provision is paid to a trust or guardian, give details		
				Name	Contact number	Identity number
Total						

Declaration

I declare that the information that I have provided is true and correct Yes No

Full names and surname _____ Identity number _____

Date signed _____ (dd/mm/ccyy) _____
 Place signed _____ Signature _____ Company stamp _____

Fund name: _____

Policy number: _____

Estate late (full names and surname) _____

Annexure E: Statement by a Life partner

According to information at our disposal you and the deceased were life partners. If yes, please complete the attached questions and provide us with it together with your financial statements. **You must please provide your and the deceased's income and expenses as well as your assets and liabilities on the attached forms and send it to us together with this affidavit:**

- Were you living in the same house as the deceased member? Yes No

- If, so the exact dates since when until when?

From _____ to _____ (dd/mm/ccyy)

- Were you financially dependent on the deceased? Yes No

- Since **when** until when (date) have you been financially dependent on the deceased?

From _____ to _____ (dd/mm/ccyy)

- What are the reasons for your financial dependency on the deceased at date of death?

- How did the deceased support you? (*Provide factual proof as bank transfers, etc.*)

- How often did you receive financial support from the deceased? (*Please provide a full explanation.*) What was the value (in Rands) of the support from the deceased?

- On what date was the last support received from the deceased?

Declaration by person completing this form (*complete in presence of Commissioner of Oaths*)

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname _____

Identity number _____ My relationship with the member _____

Signature _____

Date _____ (dd/mm/ccyy) Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on _____ (dd/mm/ccyy) Place _____

Official stamp of Commissioner of Oaths