

ALEXANDER FORBES FINANCIAL SERVICES (PTY) LTD

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

A licensed financial services provider

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Information needed to determine the distribution of a lump-sum death benefit

The purpose of this form is to provide information about dependants and nominees before the funds for a death benefit can be paid out.

In this form:

- 'You' refers to the employer.
- 'We' and 'us' refer to the company in Alexander Forbes that is shown at the top of this form, who is also the administrator.
- 'Fund' refers to the fund that the deceased was a member of.

ABOUT THE DISTRIBUTION OF DEATH BENEFITS

When a member of the fund dies, the trustees need to decide how the death benefits will be distributed. If the claim is for a contributing member, the members of the management committee or authorised signatory need to assist the trustees by providing information about the member and their dependants and nominees.

WHAT ARE BENEFICIARIES, DEPENDANTS AND NOMINEES?

Beneficiaries are the people or organisations that benefit from the income or proceeds of an insurance policy, trust, retirement fund or will. A member can nominate their beneficiaries in their will or life policy and on their retirement fund nomination of beneficiaries form. Beneficiaries can be dependents or nominees.

Dependents are anyone the member is legally responsible for supporting financially or anyone the member may not be legally responsible to support financially but who is in fact financially dependent on the member. This includes the member's spouse and all biological and adopted children

A spouse is the person who was:

- married to the member under the laws of South Africa, according to the laws of religion or in a customary union
- living with the member in a long-term relationship.

Nominees are people or organisations that the member nominates to share their retirement fund life cover benefit – these could be legal or factual dependants, but don't have to be.

THE TRUSTEES NEED TO MAKE DECISIONS

The trustees need to consider all information for each claim before paying out the death benefits. The Pension Fund Adjudicator believes that the fund, using its trustees, has a duty to identify and try to find dependants. The fund must investigate each dependant's (or nominee's) circumstances and examine the relationship between the deceased and each potential beneficiary. The needs of each potential beneficiary should be assessed and considered, examining all relevant facts, before the death benefit is distributed. The trustees should not be influenced to compensate legal dependants ahead of factual dependants without good reason for doing so. The trustees need written documentation to support any potential beneficiary's claim, and to motivate the reasons for the distribution of benefits. The trustees may decide not to pay anything to a dependant.

If a decision made by the trustees is challenged in court or by the Pension Fund Adjudicator, and then overturned, the trustees and the management committee or authorised signatory could be sued in their personal capacity. Therefore, the trustees rely heavily on the management committee or authorised signatory to carry out a full investigation into the domestic circumstances of the deceased, and obtain the necessary documentation. For this reason, and to avoid delays in finalising the claim, it is important that this form is completed in full by the management committee or authorised signatory if the claim is for a contributing member.

Nomination of beneficiaries form

The trustees will consider the member's nomination of beneficiaries form. Please note that this form is not binding, but represents the deceased's wishes. There may be circumstances where it is not appropriate for the trustees to pay out the benefit as requested in the nomination of beneficiaries. The trustees also need to consider:

- the age of all the beneficiaries
- the relationship of the beneficiaries to the deceased
- whether the beneficiaries were dependent on the deceased
- the financial circumstances of the beneficiaries
- the future earning potential and prospects of the beneficiaries.

KEY POINTS TO UNDERSTAND ABOUT THIS FORM

This form needs to be completed by the authorised person (investigator) at the employer (where there is a claim for a contributing member). Take time to fill in this form. Much of the information that we need is taken from this form. Two members of the management committee or authorised signatory must then sign this form when the claim is for a contributing member.

Please ensure that all relevant documents accompany the completed form. Please note that this form will be used by the management committee or authorised signatory to put forward a recommendation, should they wish, for the trustees to decide how the proceeds are to be distributed, in terms of section 37C of the *Pension Funds Act*.

Please read this document carefully. Contact us or your financial adviser if you have any questions. You should sign the form only if you agree to all the terms and conditions in it. The form is part of your contract with us. You must make sure that all the information is correct and that all parts of the form are complete. We have the right to treat the information given in the form as accurate and complete. If you make changes to what you have already filled in, you must sign next to each change.

DOCUMENTS YOU MUST ATTACH TO THIS FORM

	You must atta	ch the fo	llowing (documents	to	this	form
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For the deceased:	
■A certified copy of the death certificate.	
■Form from doctor confirming death (BI1663).	
■A certified copy of the identity document.	
■A copy of the deceased's payslip for the last full month in service.	
■A copy of the nomination of beneficiaries form completed by the deceased.	
■The death notification form submitted online.	
■A copy of the deceased's will (if applicable).	
■Details of any housing loans.	
■Proof that the member was on medical aid (if applicable).	
■ If the cause of death was unnatural, in other words, if the deceased was murdered, we need a police report to ensure that none of the beneficiaries have been implicated in the murder. For the deceased's spouse or ex-spouse:	ie
■A certified copy of the identity document.	
■ A certified copy of the marriage certificate, if applicable. If the deceased was married by customary union or if the spouse is a common-law spouse, we need an affidavit from an independent third party to confirm that they lived together in a long-term relationship and the number of years they lived together.	
■A certified copy of the divorce or maintenance order (if applicable).	
■If the spouse is employed, we need a copy of the latest salary slip.	
or the beneficiaries:	
If the dependant is a minor (under 18 years of age):	
■a certified copy of their identity document or birth certificate	
■a letter from school to confirm that they are a learner, their grade and the yearly school fees	
■an affidavit as proof of guardianship if their guardian is not the biological or adoptive parent	
■a certified copy of the identity document of their guardian	
■their guardian's banking details	
■an affidavit stating a rand value or a list of items paid for by the deceased every month	
 an affidavit and supporting documentation providing details of any disability and the cost implications. If the dependant is a major (18 years or older): a certified copy of their identity document or birth certificate 	
■ their banking details	
■an affidavit stating a rand value or a list of items paid for by the deceased every month	
■ an affidavit or payslip confirming the monthly pension amount if they receive an old-age pension	
■an affidavit if they are unemployed confirming whether they are trying to find work and what job opportunities are available	

Please note that the trustees may request additional documentation to assist them in their decision to distribute the benefit.

an affidavit and supporting documentation providing details of any disability and the cost implications.

FOLLOW THESE STEPS

- 1. You need to fill out the form. You have the option of filling in this form electronically and printing the electronic version of the form to be signed.
- 2. If there is a minor dependant, their guardian needs to sign and date the section of the form titled 'Guardian's information'.
- 3. You must sign the form and date it.
- 4. Attach the documents requested above to the completed form.
- 5. Keep the first, second and third pages to refer to for any queries.
- 6. Send the form to us or deliver it to the address shown at the top of the form.

DELAYS IN CARRYING OUT YOUR INSTRUCTIONS

Neither we nor the fund is responsible for any losses that result from any delays you cause by:

- not filling in this form accurately and completely
- not giving us the documents we ask for.

This includes losses in the value of the investment and losses that occur because the beneficiaries may have to pay more tax than anticipated.

PERSONAL INFORMATION, PRIVACY AND SECURITY

FIND OUT how we protect your personal information, privacy and security.

Alexander Forbes is not responsible for any loss you or anyone else may suffer if important information is left out of this document.

HOW TO CONTACT US

- If you want to ask us if we have your personal information, you can contact us at the telephone number shown at the top of the form.
- If your personal information is incorrect, we will change it if you make us aware of this.
- For information about transactions and for general enquiries, you can contact us at the following email addresses:
 - for transactions: transactionalquery@alexforbes.com
 - for general enquiries: GeneralQuery@alexforbes.com

COMPLAINTS

- We would like to hear from you if you have a complaint.
- You can do so in person at any of our offices, by email at contactus@alexforbes.com, by phone on 0860 000 279 or +27 (0)11 669 7026 if you're outside South Africa, or by following our complaints process on the website at http://www.alexforbes.com/za/en/ContactUs/Complaints.aspx.
- Please contact us if you have any questions or if you need more information.

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ABOUT THE DECEASED'S FAMILY AND DEPENDANTS

Please provide the details for all spouses and children, as well as any other people dependent on the deceased, for example a mother or grandchildren.

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ABOUT THE DECEASED'S WILL AND ESTATE If no dependants can be found and there are no nominated beneficiaries within twelve months of the death of the member, payment of the be will be made to the estate. If no dependants can be traced and there are nominated beneficiaries and the estate is insolvent (bankrupt), the because to make the estate solvent (pay off any debt) before any benefit is paid to any nominees. 1. Did the member draw up a will? Yes. If yes, please attach a copy of the will to this form. No 2. Is the estate likely to be solvent?	
Yes. No	
3. Has an executor been appointed to the estate? (An executor is the person or institution chosen by the deceased to carry out the tof their will.)	rms
Yes. If yes, please supply the following details.	
Full name of the executor	
Cell Home Work	
Email	

DETAILS OF ANY OTHER INSURANCE FUND PAYOUTS

Please fill in information about the proceeds of any insurance policies (for example retirement annuity life policies) that will be paid outside the estate.

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SECTION 2: ABOUT THE DECEASED'S SPOUSE (the spouse of the person who died)

Please fill in all the information in this section. If the deceased had more than one spouse, please make a copy of pages 8 and 9 and fill

them in for each spouse. Spouse number Personal details Surname First names Maiden name Title: Prof Dr Mr Mrs Ms Other (specify) ID or passport number Country of issue Date of birth Residential address (this is the address where the spouse lives most of the time) Unit number Complex Street number Street or farm name City or town Suburb Code Country Postal address Code **Contact details** Cell Home Work Email **BANKING AND TAX DETAILS Banking details** Account holder's name Name of bank Account number Branch code Type of account: Current Savings Transmission If you do not give complete and correct information about banking details, there might be a delay in making any payments owed to the spouse. Tax details Revenue office Income tax number

GENERAL INFORMATION 1. Were the deceased and spouse living together at the date of death? Yes No If no, why not? 2. Was the deceased supporting the spouse financially? No If yes, please fill in: • How often was the spouse receiving financial support? • How much financial support was being given to the spouse? R 3. How will the spouse's living arrangements and standards change following the member's death? (For example will the home need to be sold or will the spouse need to live with other family?) 4. What is the spouse's highest level of education? 5. Does the spouse work or earn their own income? No If yes, please provide a copy of the latest salary slip and fill in the following: How long have they been working? Years Months Employer Phone number Job title Monthly income If no, why not? 6. Is the spouse in good health (this includes being self-controlled and not abusing any substances)? Yes No 7. Is the spouse responsible with money? Please provide details. This includes how long he or she has had a bank account, any experience in investing funds, using a financial adviser or personal banker, running their own business, owning assets such as property, investments or life policies, and so on. 8. Do you know about any other legal or financial beneficiaries or dependants?

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No

9. Please fill in Addendum A on page 22.

SECTION 3: DIVORCE DETAILS (if applicable)

If the deceased had an ex-spouse who is still alive, please fill in all the information in this section. If the deceased had more than one ex-spouse, please make a copy of pages 10 and 11 and fill them in for each ex-spouse.

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GENERAL INFORMATION

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If no, why not?	
2. Was the deceased paying maintenance to the ex-spouse at date of death?	
Yes No	
If the deceased was paying monthly maintenance, what is the total monthly maintenance?	

SECTION 4: ABOUT THE DECEASED'S CHILDREN

Please fill in all the information in this section. Please list all children including biological and adoptive children, and children born after the deceased's death. If the deceased had more than one child, please make a copy of pages 12, 13 and 14 and fill them in for each child.

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GENERAL INFORMATION

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11. Do you know of any other leg	al or financial beneficiaries or dependants?
Yes	No
12. Please fill in Addendum A on	page 22.
13. Is there any other information death benefits?	you can supply that would assist the trustees to make an appropriate decision about the allocation of

SECTION 5: GUARDIAN'S INFORMATION

If the deceased's child is a minor, please fill in all the information in this section. If the deceased's children have different guardians, please make a copy of pages 15, 16 and 17 and fill them in for each guardian. The guardian needs to sign the declaration below this information.

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BANKING AND TAX DETAILS

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8. Does the guardian have any inves	stments in their name?	
Yes	No	
If yes, what type of investment?		
If yes, what amount is invested?	<u> </u>	
If yes, does the guardian have an inve		
Yes	No	
9. Does the quardian have any acco	── unts? (For example hire purchase, clothing or furniture)	
Yes	No	
If yes, how have these accounts been	managed?	
10. Is the guardian able to handle a	lump sum?	
Yes	No	
Please provide reasons for your answer	er.	ı
11. Who managed the family's finantial Full name	ces when the member was alive?	
Relationship to member		
12. How has the guardian managed	financially since the member's death?	
13. How does the guardian plan to s	support their family in the future?	
14. Does the guardian have a will?		
Yes	No	
15. Has any credit applications by the Yes		
	No	
16. Has the guardian ever been sequence Yes	No	
	ged with fraud or maladministration of funds?	
Yes	No	
18. Is the guardian under debt admi	nistration?	
Yes	No	
19. Is the guardian's credit profile b	lacklisted?	
Yes	No	
20. Please fill in Addendum A on page	ge 22.	
21. Is there any other information yo death benefits?	ou can supply that would assist the trustees to make an appropriate decision about the allocation of	ı

GUARDIAN'S DECLARATION

In this declaration, 'you' refers to the guardian.

By signing this page, you confirm that:

- 1. All information in the section 'Guardian's information' in this form is correct and complete. This includes all banking information. You understand that if there is any loss because you have given incorrect or incomplete information in this form, neither Alexander Forbes nor the fund is responsible for the losses.
- 2. You acknowledge that you are the guardian of the child or children listed in the section 'Guardian's information' in this form.
- 3. You acknowledge that each question in the section 'Guardian's information' in this form has been explained. You understand and agree to the answers supplied.
- 4. You confirm you are a competent person for the child (that you can make and consent to any decision for the child). You therefore consent to us processing the child's personal information.

									Gu	ardia	an s	igna	ture	 	 	 	 					
Name (print)																						
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SECTION 6: ABOUT OTHER POTENTIAL BENEFICIARIES

Please fill in all the information in this section for any other potential beneficiaries. If the deceased had more than one other potential beneficiary, please make a copy of page 19 and 20 and fill them in for each beneficiary.

Other financial dependants are the people who were supported financially on a regular basis by the deceased member, for example parents,

grandparents and siblings. Personal details Surname First names Maiden name Prof Dr Mrs Other (specify) Title: Ms ID or passport number Country of issue Date of birth Relationship Residential address (this is the address where the beneficiary lives most of the time) Unit number Complex Street or farm name Street number Suburb City or town Code Country Postal address Code **Contact details** Cell Home Work Email **BANKING AND TAX DETAILS** Please fill in all the information in this section for other potential beneficiaries. Banking details Account holder's name Name of bank Account number Branch code Type of account: Current Savings Transmission If you do not give complete and correct information about banking details, there might be a delay in making any payments owed to the dependant or nominee. Tax details Income tax number Revenue office

GENERAL INFORMATION 1. Were the deceased and dependant or nominee living together at the date of death? No 2. Was the deceased supporting dependant or nominee financially? Yes No If yes, please fill in: • How often was the dependant or nominee receiving financial support? • How much financial support was being given to the dependant or nominee? 3. What is the dependant or nominee's highest level of education? 4. Does the dependant or nominee work or earn their own income? No If yes, please provide a copy of the latest salary slip and fill in the following: How long have they been working? Months Years Employer Phone number Job title R Monthly income If no, why not?

5. Do you know about any other legal or financial beneficiaries or dependants?

Yes

No

6. Please fill in Addendum A on page 22.

SECTION 7: EMPLOYER'S DECLARATION

This section needs to be completed when there is a claim for a contributing member.

By signing this section of the form, you confirm that:

- 1. Alexander Forbes will accept the claim form as accurate unless you tell us about any changes within one business day of submitting the form. (Note: Business days are Mondays to Fridays, excluding Saturdays, Sundays and official South African public holidays.)
- 2. All information on this form is correct and complete. You agree that if anyone suffers any loss because you have given incorrect or incomplete information in this form, neither Alexander Forbes nor the fund is responsible for the loss.
- 3. You acknowledge that all of the member's beneficiaries have been listed in this form. You confirm that the member had no other dependants other than those specified on this form.
- 4. You have provided any additional information about the member's circumstances and their beneficiaries which you think the trustees should consider to make decisions about the distribution of benefits.
- 5. You have attached all necessary additional documents as specified on page 2 of this form.
- 6. You have signed the form using a manual stamp and your signature.

Employer's stamp		
	Authorised signature	
Name (print)		
Job title		
Contact number		Date

ADDENDUM A

MONTHLY INCOME AND EXPENSES

If the deceased had more than one household, please make a copy of this page and fill it in for each household.

Income per month	
Monthly salary	R
Income from own business	R
Old-age pension or disability grant	R
Investments, annuities and so on	R
Total monthly income	R
Expenses per month	
Bond or rent (please circle the one that applies)	R
Electricity, water, rates and refuse	R
Telephone	R
Investments, annuities and so on	R
Cell phone	R
Food and toiletries	R
School fees and aftercare	R
School clothing	R
Additional costs for school	R
Extra-curricular activities	R
Clothing	R
Car repayments	R
Petrol	R
Car repairs	R
Medical and pharmacy	R
Loan repayments (for example timeshare)	R
Domestic services	R
Accounts (for example hire purchase, clothing or furniture)	R
Short-term insurance	R
Life insurance	R
Entertainment	R
Holiday expenses	R
Total monthly expenditure	R

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