

FundsAtWork Umbrella Funds Death claim form

Member number

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The employer must complete this form and forward it to Momentum FundsAtWork. Please ensure that all supporting documents accompany the completed form. Please note that the trustees will use this form as a guideline to decide to whom they must distribute the death benefit.

Please attach the following documents:

Deceased member:

- Certified copy of death certificate.
- Certified copy of identity document.
- The beneficiary nomination form.
- Certified copy of will.
- Police report if cause of death is “unnatural causes”.
- Details of the executor of the estate (see section 8).
- Details of other policy payouts (unapproved group life cover and/ or individual life cover) (see section 2).

Spouse or ex-spouse:

- Certified copy/ies of identity document/s.
- Certified copy/ies of marriage certificate/s or customary union certificate/s or confirmation of customary marriage/s confirmation from the tribal chief/s.
- Affidavit by common law spouse confirming permanent life partnership.
- Copy/ies of divorce order/s, settlement agreement/s, court orders.
- Copy/ies of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s.
- Proof of income/ latest payslip.

Guardian / Caretaker:

- Certified copy of identity document.
- Proof of residence (water and lights statement or a letter from the councillor or tribal chief confirming residence).
- Copy of bank statement not older than three months (no ATM or internet statement will be accepted) or a cancelled cheque.

Children:

- Certified copy/ies of birth certificate/s or identity document/s.
- Proof of full-time education in respect of children over 18 years who were financially dependent on the deceased.
- Trust deed if trust has been set up.
- Affidavits by major children confirming full description of financial dependency on the deceased in rand value.
- Copy of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s (for major children).
- Proof of residence for children over 18 years (water and lights statement or a letter from the councillor or tribal chief confirming residence).

Other financial dependants:

- Certified copy/ies of identity document/s.
- Affidavit/s confirming full description of financial dependency on the deceased including rand value.
- Copy/ies of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s.

Nominees:

- Certified copy/ies of identity document/s.
- Copy/ies of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s.

Section 1: Scheme details

Name of fund

Name of employer

Salary on which the group life cover was based (if not the same as the pensionable salary) R

Month of last contribution

 -

Pension Fund

Provident Fund

Amount of last member contribution R

R

Amount of last employer contribution R

R

Amount of last monthly additional voluntary contribution (if any) R

R

Comments (e.g. contributions proportioned/paid in advance): _____

Deceased's annual salary preceding their death R

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Section 2: Details of deceased

Title

--	--	--	--

 Initial/s

--	--	--	--

 First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Date of death

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Cause of death

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Marital status of the member at the time of death

Single		Married		Living together		Divorced		Widowed	
--------	--	---------	--	-----------------	--	----------	--	---------	--

Period of living together

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RSA ID

Yes		No	
-----	--	----	--

 ID / Passport number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport country of origin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tax number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Tax office

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If the member was not registered for income tax, please select one of the following:

SITE TAX		OTHER	
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If Other, please specify

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Deceased's residential address prior to death

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--	--	--	--

Reasons for absence prior to death (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Was the member in receipt of a monthly disability benefit immediately prior to death?

Yes		No	
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Section 3: Details of other policy payouts (where available)

Select option

Unapproved group life cover		Individual life cover	
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Name of Insurer

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Benefit amount

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unapproved group life cover			Individual life cover		
Name	Relationship	Allocation	Name	Relationship	Allocation

Select option

Unapproved group life cover		Individual life cover	
-----------------------------	--	-----------------------	--

Name of Insurer

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Benefit amount

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unapproved group life cover			Individual life cover		
Name	Relationship	Allocation	Name	Relationship	Allocation

Please provide proof of the benefits and allocation

Section 4: Spouse details

Please note that the Pension Funds Act defines a spouse to include a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, the Recognition of Customary Marriage Act or Civil Union Act, or tenets of a religion.

Full names of spouse

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Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RSA ID

Yes		No	
-----	--	----	--

 ID / Passport number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport country of origin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Section 4: Spouse details (continued)

Type of marriage Civil Customary Common law spouse

Residential address of spouse
 Postal code

Telephone number

Please indicate type of accommodation in which spouse resides Owned Rented Living with parents
 If rented/owned please give details of rent/bond payments

Is the spouse employed? Yes No If Yes, what is the spouse's monthly remuneration?

Please specify details of any other income

If the spouse is not employed, to what extent did the deceased member support the spouse?

Is the spouse capable of managing their own financial affairs? Yes No

If No, why not?

Section 5: Ex-spouse details

If the deceased had an ex-spouse who is still alive please indicate their details. If there are more than one ex-spouse please provide details of all the ex-spouses on a separate page.

Was the deceased previously married to anyone other than the person referred to above? Yes No

How many times has the deceased been divorced?

Full names of ex-spouse

Date of birth

RSA ID Yes No ID / Passport number

Passport country of origin

Residential address of ex-spouse
 Postal code

Telephone number

Date of divorce

Was the deceased maintaining the ex-spouse at the time of death or had the deceased agreed to maintain the ex-spouse? Yes No

How was support provided to the ex-spouse? Voluntarily Agreement Maintenance order Other

If Other, please provide details and attach proof

Monthly maintenance provided by deceased

Is the ex-spouse employed? Yes No If the ex-spouse is employed, what is the ex-spouse's monthly remuneration?

Has the ex-spouse remarried? Yes No

Is the ex-spouse capable of managing their own financial affairs? Yes No

If No, why not?

Please indicate type of accommodation in which ex-spouse resides Owned Rented Living with parents
 If rented/owned please give details of rent/bond payments

Section 6: Details of children

Please list all living children including adoptive or illegitimate children or children born after the deceased's death. Where there are more than 4 children, please list information of other children on a separate page.

1. Full name

Date of birth

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Section 6: Details of children (continued)

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs? Yes No

If No, why not? _____

Has a Trust been set up for the child? Yes No

If yes, please attach the trust deed and provide details _____

3. Full name

Date of birth

RSA ID Yes No ID / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Living together Divorced

What is the financial position of the child? _____

Is the child in the custody of the parent? Yes No

If No, who is caring for the child? Guardian Caregiver Other

If other, specify _____

Details of person caring for the child

Name

Date of birth ID / Passport number

Passport country of origin

Address

Postal code

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs? Yes No

If No, why not? _____

Has a Trust been set up for the child? Yes No

If yes, please attach the trust deed and provide details _____

4. Full name

Date of birth

RSA ID Yes No ID / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Living together Divorced

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Section 6: Details of children (continued)

What is the financial position of the child? _____

Is the child in the custody of the parent? _____

Yes			No		
-----	--	--	----	--	--

If No, who is caring for the child? _____

Guardian			Caregiver			Other		
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If other, specify _____

Details of person caring for the child

Name _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth _____

D	D	-	M	M	-	Y	Y	Y	Y	ID / Passport number									
---	---	---	---	---	---	---	---	---	---	----------------------	--	--	--	--	--	--	--	--	--

Passport country of origin _____

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Address _____

Postal code _____

Telephone number _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is this person employed? _____

Yes			No			If Yes, what is their monthly remuneration?	R				
-----	--	--	----	--	--	---	---	--	--	--	--

Is this person capable of managing their own financial affairs? _____

Yes			No		
-----	--	--	----	--	--

If No, why not? _____

Has a Trust been set up for the child? _____

Yes			No		
-----	--	--	----	--	--

If yes, please attach the trust deed and provide details _____

Section 7: Other financial dependants (people whom the deceased member supported financially on a regular basis – e.g. mother, father, grandmother, grandfather, sister, uncle, etc)

If there are more than three financial dependants and nominated beneficiaries, please provide details of the other financial dependants and nominated beneficiaries on a separate page.

1. Full name _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth _____

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RSA ID _____

Yes			No			ID / Passport number								
-----	--	--	----	--	--	----------------------	--	--	--	--	--	--	--	--

Passport country of origin _____

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Relationship to deceased _____

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What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)? _____

Address _____

Postal code _____

Telephone number _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please indicate type of accommodation in which the person resides

Owned			Rented			Living with parents		
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If rented/owned, please give details of rent/bond payments _____

R							
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Is the person employed? _____

Yes			No			If Yes, what is their monthly remuneration?	R				
-----	--	--	----	--	--	---	---	--	--	--	--

Is the person capable of managing their own financial affairs? _____

Yes			No		
-----	--	--	----	--	--

If No, why not? _____

2. Full name _____

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Date of birth _____

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RSA ID _____

Yes			No			ID / Passport number								
-----	--	--	----	--	--	----------------------	--	--	--	--	--	--	--	--

Passport country of origin _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to deceased _____

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Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 7: Other financial dependants and nominated beneficiaries (people whom the deceased member supported financially on a regular basis – e.g. mother, father, grandmother, grandfather, sister, uncle, etc) (continued)

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--

Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please indicate type of accommodation in which the person resides Owned Rented Living with parents

If rented/owned, please give details of rent/bond payments R

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is the person employed? Yes No If Yes, what is their monthly remuneration? R

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is the person capable of managing their own financial affairs? Yes No

If No, why not? _____

3. Full name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RSA ID Yes No ID / Passport number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport country of origin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to deceased

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--

Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please indicate type of accommodation in which the person resides Owned Rented Living with parents

If rented/owned, please give details of rent/bond payments R

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is the person employed? Yes No If Yes, what is their monthly remuneration? R

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is the person capable of managing their own financial affairs? Yes No

If No, why not? _____

Section 8: Nominated beneficiaries

Did the member complete a beneficiary nomination form? Yes No

If Yes, attach the nomination form to this guide.

Section 9: Estate arrangements

If no dependants can be traced within twelve months of the death of the member and the estate is insolvent, the benefit will first be applied towards making the estate solvent before any benefit is paid to any nominees. Only that portion which exceeds the net liabilities of the estate is payable to the nominees.

Is the estate solvent? Yes No

If Yes, please provide proof of solvency

If No, please provide details

Details of executor of estate

Full name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--

Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Section 10: Additional information

Please provide information regarding family circumstances which you think that the trustees should consider to assist them in the distribution of the death benefits.

Section 11: Recommendations by the employer

Please describe what steps have been taken to establish who all the dependants are, eg discussions with various family members, friends and colleagues.

Following a thorough investigation, I am satisfied that the information given in this form is true.

Section 37C of the Pension Funds Act governs the distribution of benefits on a member's death. This may result in the decision of the trustees not being strictly in accordance with the employer's recommendation.

After obtaining all the relevant information, please make your recommendation below.

Name	Relationship	% share of benefit

Reasons for recommendation (please provide as much detail as possible)

Section 12: Banking details of beneficiaries the employer identified

1. Beneficiary																				
Account holder																				
Bank name																				
Branch																				
Account type	Current / Cheque		Savings		Transmission															
Account number															Branch code		-		-	

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 12: Banking details of beneficiaries the employer identified (continued)

2. Beneficiary																							
Account holder																							
Bank name																							
Branch																							
Account type	<input type="checkbox"/> Current / Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																				
Account number																		Branch code	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>

3. Beneficiary																							
Account holder																							
Bank name																							
Branch																							
Account type	<input type="checkbox"/> Current / Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																				
Account number																		Branch code	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>

4. Beneficiary																							
Account holder																							
Bank name																							
Branch																							
Account type	<input type="checkbox"/> Current / Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																				
Account number																		Branch code	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>

5. Beneficiary																							
Account holder																							
Bank name																							
Branch																							
Account type	<input type="checkbox"/> Current / Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																				
Account number																		Branch code	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>

6. Beneficiary																							
Account holder																							
Bank name																							
Branch																							
Account type	<input type="checkbox"/> Current / Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																				
Account number																		Branch code	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>	-	<input type="checkbox"/> <input type="checkbox"/>

Section 13: Deductions

The following amounts can be deducted from the retirement savings account at disinvestment.
• Home loans for which the Fund/s is/ are the guarantor.
• Exceptions permitted in terms of section 37A of the Pension Funds Act are in respect of maintenance payments or divorce orders endorsed against the Fund, entitling the non-member spouse to a portion of the member benefit.

Maintenance order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide maintenance order
Divorce order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a copy of the divorce order and complete the divorce order form.

