

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 dependants or nominees.

Dependants 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.

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.

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

Suburb

City or town

Country

Code

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

Income tax number

Revenue office

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?

Yes 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?

Yes 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 R _____ . _____

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?

Yes No

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?

Yes 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.

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 ex-spouse lives most of the time)

Unit number

Complex

Street number

Street or farm name

Suburb

City or town

Country

Code

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 ex-spouse.

Tax details

Income tax number

Revenue office

GENERAL INFORMATION

1. Does the ex-spouse work or earn their own income?

Yes 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

R .

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?

R .

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.

If the child is a minor, please complete the section 'Guardian's information' for the person caring for the child.

Child 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 child lives most of the time)

Unit number

Complex

Street number

Street or farm name

Suburb

City or town

Country

Code

Postal address

Code

Contact details

Cell

Home

Work

Email

BANKING AND TAX DETAILS

Please fill in all the information in this section for a child over the age of 18.

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 child.

Tax details

Income tax number

Revenue office

BANKING AND TAX DETAILS

Please fill in all the information in this section for a minor child's guardian.

Banking details

Account holder's name

Name of bank

Account number

Branch code

Type of account:

Current

Savings

Transmission

Is this property owned or rented?

How long has the guardian been living in the property?

years months

If you do not give complete and correct information about banking details, there might be a delay in making any payments owed to the minor child's guardian.

Tax details

Income tax number

Revenue office

GENERAL INFORMATION

1. Can the guardian read?

Yes

No

2. What is the guardian's highest level of education?

3. Does the guardian work or earn their own income?

Yes

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 R .

Is this a regular income?

Yes

No

4. If the guardian doesn't work, why not?

5. Has the guardian ever worked?

Yes

No

If yes, when last did he or she work?

6. Is the guardian in good health (this includes being self-controlled and not abusing any substances)?

Yes

No

7. Is the guardian responsible with money?

Yes

No

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. Does the guardian have any investments in their name?

Yes No

If yes, what type of investment?

Grid for investment type

If yes, what amount is invested? R .

If yes, does the guardian have an investment adviser?

Yes No

9. Does the guardian have any accounts? (For example hire purchase, clothing or furniture)

Yes No

If yes, how have these accounts been managed?

Grid for account management

10. Is the guardian able to handle a lump sum?

Yes No

Please provide reasons for your answer.

Grid for reasons

11. Who managed the family's finances when the member was alive?

Full name

Grid for full name

Relationship to member

Grid for relationship

12. How has the guardian managed financially since the member's death?

Grid for financial management

13. How does the guardian plan to support their family in the future?

Grid for future support plan

14. Does the guardian have a will?

Yes No

15. Has any credit applications by the guardian ever been declined?

Yes No

16. Has the guardian ever been sequestered or declared insolvent?

Yes No

17. Has the guardian ever been charged with fraud or maladministration of funds?

Yes No

18. Is the guardian under debt administration?

Yes No

19. Is the guardian's credit profile blacklisted?

Yes No

20. Please fill in Addendum A on page 22.

21. Is there any other information you can supply that would assist the trustees to make an appropriate decision about the allocation of death benefits?

Grid for other information

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

Title: Prof Dr Mr Mrs Ms Other (specify)

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 number

Street or farm name

Suburb

City or town

Country

Code

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?

Yes 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? R _____ . _____

3. What is the dependant or nominee's highest level of education?

4. Does the dependant or nominee work or earn their own income?

Yes 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 R _____ . _____

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.

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	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Income from own business	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Old-age pension or disability grant	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Investments, annuities and so on	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Total monthly income	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							

Expenses per month

Bond or rent (please circle the one that applies)	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Electricity, water, rates and refuse	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Telephone	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Investments, annuities and so on	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Cell phone	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Food and toiletries	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
School fees and aftercare	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
School clothing	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Additional costs for school	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Extra-curricular activities	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Clothing	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Car repayments	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Petrol	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Car repairs	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Medical and pharmacy	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Loan repayments (for example timeshare)	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Domestic services	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Accounts (for example hire purchase, clothing or furniture)	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Short-term insurance	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Life insurance	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Entertainment	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Holiday expenses	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							
Total monthly expenditure	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>							

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