

**ACUMEN PRESERVATION PENSION FUND**

**ACUMEN PRESERVATION PROVIDENT FUND**

**DEATH NOTIFICATION**

Please assist us by completing this form in full and in CAPITAL LETTERS.

**MEMBER'S DETAILS**

Surname:

Initials:  First Names:

RSA ID Number:  Date of Birth:

If no RSA ID number, Passport Number:

Country of Issue:

*Last Physical Address:*

Unit Number:  Complex Name:

Street Number:  Street Name:

Suburb:  Town:

Country:  Postal Code:

*Last Postal Address:*

Postal Code:

Income Tax Number:

Current Annual Taxable Salary: R  .

Date of Death:

**IS THERE A DIVORCE ORDER AND/OR MAINTENANCE ORDER TO BE PAID FROM THE DEATH BENEFIT?**

No  Yes. If yes, please provide a copy of the court order(s).

The trustees of the Acumen Preservation Pension/Provident Fund need to conduct an investigation in terms of Section 37C of the Pension Funds Act in order for them to be able to make an informed decision with regards to the distribution of the death benefit. Please provide us with the details below of someone whom the trustees can contact to obtain the necessary information regarding possible dependents of the deceased.

Name:

Relationship to the Deceased:

Contact Numbers:  or

**Please note that all benefit payments are subject to current tax legislation.**

**COMPLETED BY:**

Name:

Relationship to the Deceased:

Signature: \_\_\_\_\_

Date:

Documents to be submitted together with this form:

- Original certified copy of death certificate
- Original certified copy of member's ID

Please note that further documents will be required at a later stage in order for the benefit payments to be made.

Note: On notification of the death of the member the member's fund credit will be disinvested and held in the fund's bank account, earning bank interest, until such time as payment of the benefit is made.