

## DEATH NOTIFICATION

- Please assist us by completing all sections in full using CAPITAL letters.
- Ensure that all information provided is accurate.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

### FUND DETAILS

Name of Fund:

Name of Employer/Pay Centre:

### MEMBER DETAILS

Title: 



 Surname:

First Name(s):

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: Same as Physical Address (If not, please provide details below)*

Postal Code:

Income Tax Number: 



 Employee Number:

Date of Death: 



 Month of final contribution:

### IS THERE A HOUSING LOAN FROM THE FUND OR GUARANTEED BY THE FUND TO BE SETTLED FROM THE DEATH BENEFIT?

No  Yes (If yes, please provide details below)

Lender: 



 Approximate settlement value: R 



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### IS THERE A DIVORCE ORDER OR MAINTENANCE ORDER TO BE PAID FROM THE DEATH BENEFIT?

No  Yes (If yes, please provide us with a copy of the court order)

### IS THERE ANY INDEBTEDNESS TO THE EMPLOYER TO BE DEDUCTED FROM THE DEATH BENEFIT?

(Section 37D of the Pension Funds Act allows for the deduction of amounts from the member's benefit in the event of an employer suffering loss due to a member's **theft, dishonesty, fraud or misconduct**, where a member has admitted liability in writing or a court judgement has been obtained. If there is a pending court case, the benefit or a portion of the benefit can be held by the fund until the case has been finalised. In such instances the case number will be required.)

No  Yes (If yes, please provide us with a copy of the court order or the member's written admission of liability.)

### DECLARATION BY EMPLOYER

I hereby confirm that the information contained herein is correct.

Employer Stamp

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Documents to be submitted together with this form:

- Certified copy of death certificate
- Certified copy of member's ID
- Copy of completed BI-1663 form
- Copy of police report if cause of death was unnatural or accidental
- Copy of last pay slip
- Copy of most recent death benefit expression of wish form completed by the member