APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

SENTINEL retirement fund

IMPORTANT

Section 37C of the Pension Funds Act regulates a death benefit lump sum payable by this Fund and does not form part of the estate. The Estates Act regulates the estate of a deceased person.

- Applicants applying for death benefits should complete individual application forms.
- A separate application should be completed for minor children if not in the care of the spouse.
- Failure to complete and/or incorrect information may lead to a delay in finalising the claim for benefits.
- In the event of the information being incomplete or incorrect the fund reserves the right to suspend any/all pensions awarded and institute legal action if deemed necessary.
- Beneficiaries who intend to waive their right to any portion of the benefit should only complete the waiver form.
- If applying on behalf of a minor or handicapped major, the address, contact and banking details of person or institution should be provided.

Industry / Participant Number of Deceased		Identity Number of Deceased

Title	Initials	Surname of Deceased

PERSONAL DETAILS OF APPLICANT

Full Names (First Two Names in Full)		
Title	Initials	Surname
Identity / Passport Number		

Gender	F		M		Date of Birth	Y	Y	Y	Y	M	M	D	D

RELATIONSHIP TO DECEASED (Please tick one appropriate block only)

Minor Child		Nominee		Factual Dependant		Cohabiting Partner	
Customary Law Wife		Ex-Spouse		Custodian Of Minor Beneficiary		Major Child	

IMPORTANT: IF YOUR ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE PROVIDE AT LEAST THREE AFFIDAVITS CONFIRMING DU-RATION, EXTENT AND NATURE OF DEPENDENCY ON THE DECEASED AT THE TIME OF HIS / HER DEATH

Did the deceased have any legal obligation to any third party in terms of divorce agreement?	Y		N	
Maintenance to ex-spouse.	Y		N	
Maintenance in respect of minor child	Y		N	
Did the deceased support any other parties e.g. Parents / Grandchildren etc?	Y		N	

Is the spouse currently employed?	Y		N	
Was the deceased a member of a medical aid? If Yes, provide the Fund with a copy of the deceased's membership certificate from the medical aid indicating the deceased as the main member – the membership certificate should reflect start and end date of membership for registered dependant / dependants.	Y		N	
Did the deceased leave a valid Will?	Y		N	
Is the estate solvent?	Y		N	

APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

- *CONTINUED*

Industry / Participant Number of Deceased	Identity Number of Deceased

CHILDREN OF THE DECEASED (INCLUDES BIOLOGICAL AND LEGALLY ADOPTED CHILDREN)

Initials	Surname (Child 1)	Date Of Birth
		Y Y Y Y M M D D
Initials	Surname (Child 2)	Date Of Birth
		Y Y Y Y M M D D
Initials	Surname (Child 3)	Date Of Birth
		Y Y Y Y M M D D
Initials	Surname (Child 4)	Date Of Birth
		Y Y Y Y M M D D
Initials	Surname (Child 5)	Date Of Birth
		Y Y Y Y M M D D
Initials	Surname (Child 6)	Date Of Birth
		Y Y Y Y M M D D

RESIDENTIAL ADDRESS

House/Complex No	Complex Name	
Street Address		
Suburb		Postal Code
City		

POSTAL ADDRESS OF APPLICANT

PO Box Number	Suburb, City or Town	Postal Code

CONTACT DETAILS

Telephone Number	Code		Number	
Mobile Number	Code		Number	
Email				

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

- *CONTINUED*

Industry / Participant Number of Deceased	Identity Number of Deceased

BANK DETAILS

Supporting documents:
- Stamped account confirmation letter (not older than 3 months) – signed and dated by account holder, OR
- Stamped Bank statement (not older than 3 months) - signed and dated by account holder

Surname				
Initials				
ID/Passport Number				
Name of Bank				
Branch Name				
Branch Code				
Account Number				
Type of Account	Savings		Cheque	
Date opened	Y Y Y Y M M D D			

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

- *CONTINUED*

DEATH BENEFIT QUESTIONNAIRE

IMPORTANT NOTE:

Should you wish to apply to receive an allocation, please complete the following questionnaire in full, in addition to the application form, in order to provide the Fund with sufficient information, as required by legislation, to make an equitable decision regarding the allocation of the death benefit lump sum payable. If enough space is not provided in any of the fields below, please attach additional sheets with the required information.

Please ensure that any additional sheets attached are also signed and dated by you. Kindly note that the questions relate to information required to enable the Fund to finalise the claim, and that all answers will be treated as confidential.

Identity/Passport Number of Deceased	Industry / Participant Number of Deceased

1. I hereby declare that the deceased had		spouses and		ex-spouses

Full Name and Surname	Date of Birth	Date of Marriage / Cohabitation	Date of Divorce / Separation	Date of Death
	YYYY MM DD	YYYY MM DD	YYYY MM DD	YYYY MM DD
	YYYY MM DD	YYYY MM DD	YYYY MM DD	YYYY MM DD
	YYYY MM DD	YYYY MM DD	YYYY MM DD	YYYY MM DD
	YYYY MM DD	YYYY MM DD	YYYY MM DD	YYYY MM DD
	YYYY MM DD	YYYY MM DD	YYYY MM DD	YYYY MM DD
	YYYY MM DD	YYYY MM DD	YYYY MM DD	YYYY MM DD

2. Was the deceased and his spouse living together at the time of death	Y	N

OR

3. If there was a period of separation at date of death, please provide details:

4. I hereby declare that the deceased had		spouses and		ex-spouses

APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

- *CONTINUED*

DEATH BENEFIT QUESTIONNAIRE – *CONTINUED*

Identity/Passport Number of Deceased	Industry / Participant Number of Deceased

5. List all biological and adopted children of the deceased, minor and major children.

Full Name and Surname	Date of Birth	Parent of child (not deceased name)	Dependent on deceased (Please tick box)	
	YYYY MM DD		Y	N
	YYYY MM DD		Y	N
	YYYY MM DD		Y	N
	YYYY MM DD		Y	N
	YYYY MM DD		Y	N
	YYYY MM DD		Y	N
	YYYY MM DD		Y	N

6. How are you related to the deceased? (e.g major biological son from deceased's first marriage to Mrs. X)

7. List all the minor (under 18) biological / legally adopted children of the deceased and please indicate in whose care the minor children currently are. Also comment on each minor child's current health status, academic progress and plans for the future, if known.

8. Please provide full details of any legal obligations the deceased had in terms of a divorce settlement or any court order which required him/her to pay maintenance towards any previous spouse / partner / child(ren) and if so, also state whether this obligation was met by the deceased.

APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

- *CONTINUED*

DEATH BENEFIT QUESTIONNAIRE – *CONTINUED*

Identity/Passport Number of Deceased	Industry / Participant Number of Deceased

9. What is your current financial position? If you are not financially self-supporting, please provide additional information.

10. Please provide details of the assets and liabilities in the deceased estate and mention how the estate has been divided. Also specify in detail what inheritance (proceeds from life policies/other benefits) you have received from the deceased estate, as well as any other assets you have received as a result of his / her death.

ASSETS	LIABILITIES

11. Please provide information regarding any expenses paid or still payable because of his/her death.

12. Were you financially dependent in any manner on the deceased at the time of his / her death? If so, provide full details of the nature, extent and duration of your dependency.

13. Please describe your relationship with the deceased prior to his / her death.

APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED MEMBERS

- *CONTINUED*

DEATH BENEFIT QUESTIONNAIRE - *CONTINUED*

Identity/Passport Number of Deceased	Industry / Participant Number of Deceased

14. Please list any other legal or factual dependant/s of the deceased.

15. Please provide any further information you feel the Committee should know about. This may have an impact on the allocation.

16. Please provide a thorough motivation why you feel that you should receive an allocation from the late member's death benefit lump sum. (Please note that the Fund is bound by legislation to determine the main legal and factual dependants of the deceased as explained in the accompanying letter, and that these beneficiaries have to be catered for in an equitable manner when allocating benefits).

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | **Toll-Free** 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6

MONTHLY INCOME AND EXPENDITURE STATEMENT

Identity/Passport Number of Deceased	Industry / Participant Number of Deceased

PARTICULARS OF APPLICANT

Title	Initials	Surname

Full Names (First Two Names in Full)

1 2

MONTHLY INCOME		MONTHLY EXPENDITURE	
Your salary after deductions	R .	Rent/Bond Repayments	R .
Your Occupation		HP Repayments	R .
Your Employer		Long Term Loans	R .
Spouse's salary	R .	Short Term Loans	R .
Spouse's Occupation		Overdraft account(s)	R .
Spouse's Employer		Credit Cards	R .
Monthly Pension	R .	Groceries	R .
Spouse's Pension from Fund	R .	Clothing	R .
State Subsidy being received	R .	Telephone	R .
Rental being received	R .	Water and lights	R .
Rental being received	R .	Rates and Taxes	R .
Interest being received	R .	Rent/Bond Repayments	R .
OTHER INCOME - SPECIFY		Domestic servant/gardener	R .
	R	School expenses	
TOTAL MONTHLY INCOME			
Value of own fixed property	R .	Medical Costs	R .
Outstanding bond	R .	Insurance	R .
RECEIVED BY YOU AFTER THE DECEASED'S DEATH		**OTHER MONTHLY EXPENSES/ACCOUNTS (SPECIFY)**	
Lump sum received	R .		R .
UIF payout received	R .		R .
Life assurance payout 1	R .		R .
Life assurance Payout 2	R .		R .
Proceeds from the estate	R .		R .
Group Life Policy payout	R .		R .
Funeral Policy payout	R .		R .
Leave payout	R .		R .
Rand Mutual	R .		R .
Medical Bureau	R .		R .
OTHER INCOME - SPECIFY			R .
	R .		R .
TOTAL PAYMENTS RECEIVED	R .	**TOTAL EXPENDITURE**	R .

Signature

Date

Y Y Y Y M M D D

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