DETAILS OF DECEASED MEMBER

DOMEM01

IMPORTANT NOTES:

Failure to complete ALL the information may lead to a delay in finalising the claim for benefits. In the event that the deceased was married previously please provide all particulars on page 2.

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.

DETAILS OF THE DECEASED

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

Initials	Surname

Identity / Passport Number	

Gender (Please tick block)	Male		Female		Date of Birth	Y Y Y Y M M D D

Date of Death	Cause of death
Y Y Y Y M M D D	

Tax Number of Deceased Pensioner	

Was the member employed at date of death?	Y		N	
Was the deceased and his spouse living together at time of death?	Y		N	

DETAILS OF CHILDREN

Please list the following details of all the legal and/or adopted children of the deceased (Both under and over the age of 18 years)

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

DETAILS OF DECEASED MEMBER
CONTINUED

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

DETAILS OF SPOUSE / COHABITING PARTNER

Initials	Surname		
Date of Birth		Date of Marriage	

DETAILS OF FORMER SPOUSE/S / COHABITING PARTNER/S

FORMER SPOUSE 1

Initials	Surname		
Date of Birth		Date of Marriage	

FORMER SPOUSE 2

Initials	Surname		
Date of Birth		Date of Marriage	

FORMER SPOUSE 3

Initials	Surname		
Date of Birth		Date of Marriage	

FORMER SPOUSE 4

Initials	Surname		
Date of Birth		Date of Marriage	

DETAILS OF DECEASED MEMBER

CONTINUED

Industry / Participant Number of Deceased	Identity Number of Deceased

Please answer all the following questions (Tick the applicable block)

Did the deceased have any legal obligation to any third party in terms of a 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 etc.?	Y	N
Is the spouse of the deceased currently employed?	Y	N
Was the spouse of the deceased registered as a dependant on the medical aid of the deceased?	Y	N
Did the deceased leave a valid will?	Y	N
Is the estate of the deceased solvent?	Y	N

If YES, please provide details

Details of Executor

Tel	Code		Number	
Email				

I declare the above to be correct to the best of my knowledge.

Title	Initials	Surname

Signature

Electronic signatures are not permitted to be used on this Application Form.

Date opened

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