

## Death Claim form

### Important Information

- This form acts as a claim of a benefit from a death of a member.
- The Death Claim Form consists of these two pages that must be completed by a representative of the employer.
- **Forms A to F** (are attached to this form) must be completed by the relevant persons as indicated on each form.
- Kindly send/hand a copy of the relevant form to each dependant and nominee of the deceased member and request that it be returned to you together with all the required documents as stipulated on each form.
- Once you have collated all the forms, kindly return the complete back to us.
- Return details are indicated on this form. Sanlam can only start their process for paying out any death benefits of the deceased member once all documentation has been received.
- Please submit completed forms to [sanlamEB@sanlam.co.za](mailto:sanlamEB@sanlam.co.za)

### SECTION A: Personal details of the deceased

First name(s)			
Surname			
RSA identity number*		<i>*Compulsory</i>	
Passport number*		<i>*Compulsory if RSA ID not used above</i>	
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport used</i>	
Date of death		(dd/mm/yyyy)	
Member's Home Address Prior to Death			
Member's Postal Address Prior to Death			
Did the deceased have a second household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Secondary residential address			
Marital status			
Last day of active service			
Participating employer			
Employer fund number			

### Required Supporting Documents List – In Respect of the Deceased Member

1. Notification of the member's death. You may use the online death claim form (Retirement Fund Web) or the printed version of this form (Death Claim Form).	<input type="checkbox"/>
2. Original certified copy of the member's Identity Document.	<input type="checkbox"/>
3. Original digital Death Certificate issued by the Department of Home Affairs or an original copy of the official Death Certificate, certified by a Commissioner of Oaths other than one employed by the participating employer.	<input type="checkbox"/>
4. Original certified copy of the Notice of Death form (BI-1663/DHA-1663 - all pages) as issued by the hospital / doctor, certified by a Commissioner of Oaths other than one employed by the participating employer.	<input type="checkbox"/>

**Required Supporting Documents List (continued)**

5. In case of an unnatural death, a certified copy of the police/traffic report & post-mortem report.	<input type="checkbox"/>
6. A statement from the police confirming that none of the beneficiaries are implicated in the death of the member.	<input type="checkbox"/>
7. Proof of SARS tax reference number of deceased member.	<input type="checkbox"/>
8. Copy of the payslip of the deceased member, dated one month prior to date of death.	<input type="checkbox"/>
9. The original Beneficiary Nomination Form completed and signed by the deceased member.	<input type="checkbox"/>
10. Death Certificate(s) of spouse or any nominees that died prior to the deceased member.	<input type="checkbox"/>
11. An affidavit from an independent third party/ senior family member of the deceased's side of the family (e.g. Third party affidavit form). The affidavit must include the marital status of the deceased member and should not only state the number of children the deceased has with the spouse, but also state whether the deceased had any children and/or dependents outside the marriage and confirmation that there are no other financial dependents.	<input type="checkbox"/>
12. The last Will and Testament, as well as the Liquidation & Distribution account.	<input type="checkbox"/>

**SECTION B: Marital status of deceased member at date of death (tick where applicable)**

	Yes	No	How many partners?	Attach the following to this Form
Married	<input type="checkbox"/>	<input type="checkbox"/>		Form A for every spouse
Life Partner/Fiancé/Partnership agreement	<input type="checkbox"/>	<input type="checkbox"/>		Form B
Separated/Divorced	<input type="checkbox"/>	<input type="checkbox"/>		Divorce Order
Previously divorced but married now	<input type="checkbox"/>	<input type="checkbox"/>		Divorce Order
Single	<input type="checkbox"/>	<input type="checkbox"/>		Sworn Affidavit by a family member

**SECTION C: Children of the deceased member (tick applicable)**

**Please note:** This includes biological/step/adopted/foster children

	Yes	No	How many children?	Attach the following to this Form
Minor children (under 18 years)	<input type="checkbox"/>	<input type="checkbox"/>		Form C for every minor child
Major children (over 18 years)	<input type="checkbox"/>	<input type="checkbox"/>		Form D for every major child
Unborn children	<input type="checkbox"/>	<input type="checkbox"/>		Form E for every unborn child

**SECTION D: Other financial dependants of the deceased member**

Are there other persons whom the deceased member supported financially, or would have supported on a regular basis had he/she lived - e.g., mother, father, grandmother, grandfather, sister, uncle etc.?

Yes	No	How many other financial dependants?	Attach the following to this form
<input type="checkbox"/>	<input type="checkbox"/>		Form F for every dependant

**SECTION E: Nominees of the deceased member**

Did the deceased member nominate other persons (than those already mentioned in previous categories) to receive his/her death benefit?

Yes	No	How many nominees are there?	Attach the following to this form
<input type="checkbox"/>	<input type="checkbox"/>		Form F for every nominee

**SECTION F: Claims Against the Benefit of the Deceased Member**

1. Pension Backed Housing Loan / Guarantee (Collateral) (Sanlam will request the final settlement amount from the relevant financial institution)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Amount owing to the Employer (The only amounts that may be deducted, are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or dishonest misconduct. Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION G: Declaration by the employer or relative of the member**

**Following a thorough investigation, I, the undersigned, hereby declare that I am satisfied that the information given in this Form is true and correct. I have used the explanation below to establish all the dependants of the deceased member and I am not aware of any other person(s) that may be dependent on the deceased member.**

The following steps were taken to establish who all the dependants are (e.g. discussions with various family members, friends and colleagues of the deceased member):


**The Pension Funds Act defines a dependant as being:**

- Any person for whom the deceased member was legally responsible for maintenance.
- Any person for whom the deceased member was not legally responsible for maintenance, but was, in the opinion of the Board, in fact dependent on the deceased member for maintenance at the time of death.
- The spouse of the deceased member, including a party to a customary or civil union.
- The children of the deceased member, including a child born after the death of the deceased member, an adopted child and a child out of wedlock.
- A person for whom the deceased member would have been legally responsible for maintenance if he/she had not died.

**Signed on behalf of employer or relative of the member**

Full name			
Designation/Relation to member			
Place		Date (dd/mm/yyyy)	
Office phone number		Cell phone number	
Signature			

## Protection of Personal Information Disclosure

**Why Personal Information is required:** Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

**Changing and correcting Personal Information:** You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

**Other parties that may receive the Personal Information:**

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Member  
Quick Access  
Self Service



Get in touch with your  
retirement information

### Member Support:

You can update your contact details by registering and logging into our member portal here:

**Web:** <https://www.sanlamonline.co.za/login/> or **Email:** [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or **Tel:** 086 122 3646