



## Details of dependants - Retirement/Pension Funds

**Please return the completed form to:** Policy Death Claims (RSA policies)

Telephone number (021) 916 3456

E-mail address [deathclaims@sanlam.co.za](mailto:deathclaims@sanlam.co.za)

Postal address PO Box 1, Sanlamhof, 7532

**Please return the completed form to:** Policy Death Claims (Namibia policies)

Telephone number +264 61 294 7440

E-mail address [claims.affluentsupport@sanlam.com.na](mailto:claims.affluentsupport@sanlam.com.na)

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

### Please read the following information carefully before completing the form

Sanlam is considering a death claim. The member who died was a member of a retirement fund underwritten by us. There are now death benefits available from the retirement fund.

The member could have chosen persons (nominees) to receive the death benefits from the fund. However, the Board of Trustees is by law (Pension Funds Act, section 37C) responsible to make sure that not only nominees but all potential dependants of the member are carefully considered to receive a portion of the benefits. For that reason we need more information about the dependants of the member.

For the Board of Trustees of the fund to decide who to pay the proceeds to, you must complete all sections applicable in full.

1. A family member or other person with personal knowledge of the member's circumstances must complete the form.
2. Return all the pages to us even if the information is not applicable.

**It is in your own interest to complete and submit this form and the annexures as quickly as possible, as we are only able to proceed with this claim once we have processed and considered all the required information.**

### Protection of Personal Information

Sanlam Life, a subsidiary of Sanlam Limited, will process and protect the personal information as required by relevant laws and the constitution of the RSA. For further information please refer to our Privacy Notice on [www.sanlam.co.za](http://www.sanlam.co.za).

## Section A – Information about the member who died

- Please provide the information that applied at the time of the member's death.
- Please attach the first and final liquidation and distribution account which you can get from the executor, if available.

Identity number \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status  Customary marriage  Civil marriage  Life Partner  
 Widow/Widower  Divorced  Single

Employer name, address and contact number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yearly income before tax (all sources) R \_\_\_\_\_ Income tax number (compulsory) \_\_\_\_\_

Estimated value of estate R \_\_\_\_\_

Name, Address and Contact details of executor/ administrator of estate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the details of policies at companies other than Sanlam

Company name	Policy number	Amount

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Section A (continued)****A.1. List of surviving spouse/life partner and/or all previous spouses (compulsory)**

- If any of the spouses are deceased, we require a copy of the Death Certificate.
- If the member was divorced, we required a copy of the Final Divorce Orders and Settlement agreements.
- If the member was divorced and the ex-spouse is deceased, we require a copy of the Death Certificate and Final Divorce Orders and Settlement agreements.

	Full name and surname	Date of birth/ Identity number	Date married	Date divorce (if applicable)	Date of death (if applicable)
1					
2					
3					
4					
5					
6					

**A.2. Deceased's children (compulsory) – major and minor**Did the deceased have any children? Yes  No 

If "Yes", please list below the

- deceased's biological children,
- child(ren) born out of wedlock,
- adopted child(ren) and/or
- unborn child(ren).

Also complete Section D in detail for each child listed below.

	Full name and surname	Date of birth/ Identity number	Dependent on deceased Yes / No	Contact number(s)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Section B – Information about the member's surviving spouse or life partner****Important:** Complete **only one person's information per page** and make copies of this page if needed.

Please attach to the page (compulsory):

- Completed Annexure B: Statement of Income and Expenses
- Completed Annexure C: Statement of Assets and Liabilities

Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female 

Type of identification Identity document\*  Passport  *copy of applicable document compulsory*  
 Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_  
 Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Relationship with the deceased: Civil spouse  Customary spouse  Life partner 

Date married (please attached marriage certificate) \_\_\_\_\_ (dd/mm/ccyy)

Married in or out of community of property? \_\_\_\_\_

Did this person live with the member at time of death? Yes  No 

If "No", since when did they not live together? \_\_\_\_\_ (dd/mm/ccyy)

If "Yes", – from date \_\_\_\_\_ (dd/mm/ccyy) until date \_\_\_\_\_ (dd/mm/ccyy)

Was/Is the surviving spouse/life partner employed? At time of death  Currently 

Monthly Income R \_\_\_\_\_

Home address \_\_\_\_\_  
Postal/Zip code \_\_\_\_\_Postal address \_\_\_\_\_  
(if not the same as home address) \_\_\_\_\_  
Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

**Bank details for payment** (proof of bank account compulsory)

Name of account holder \_\_\_\_\_

Bank name \_\_\_\_\_ Branch name \_\_\_\_\_

Account number \_\_\_\_\_ Branch code (6 digits) \_\_\_\_\_

Type of account  Current (cheque)  Savings  Transmission

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

## Section C – Information about the member's previous spouse(s)

- Important:**
- Make **copies of this page if more than two previous spouses**.
  - Please attach a copy of the final divorce order and settlement agreement (compulsory).
  - Please attach a copy of the death certificate if the previous spouse is deceased (compulsory).

### Previous spouse 1

Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female Type of identification Identity document\*  Passport  *copy of applicable document compulsory*

Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_

Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Postal address \_\_\_\_\_

(if not the same as home address)

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

Date married \_\_\_\_\_ (dd/mm/ccyy) Date divorced \_\_\_\_\_ (dd/mm/ccyy)

Did this person live with the member at time of death? Yes  No 

If "No", since when did they not live together? \_\_\_\_\_ (dd/mm/ccyy)

If "Yes", – from date \_\_\_\_\_ (dd/mm/ccyy) until date \_\_\_\_\_ (dd/mm/ccyy)

Is this ex-spouse re-married? Yes  No If not re-married, is the ex-spouse living with someone as husband and wife? Yes  No 

Monthly maintenance received at time of death for: Ex-spouse R \_\_\_\_\_ Child(ren) R \_\_\_\_\_

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Previous spouse 2**Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female 

Type of identification Identity document\*  Passport  *copy of applicable document compulsory*  
 Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_  
 Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Postal address \_\_\_\_\_

(if not the same as home address)

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

Date married \_\_\_\_\_ (dd/mm/ccyy) Date divorced \_\_\_\_\_ (dd/mm/ccyy)

Did this person live with the member at time of death? Yes  No 

If "No", since when did they not live together? \_\_\_\_\_ (dd/mm/ccyy)

If "Yes", – from date \_\_\_\_\_ (dd/mm/ccyy) until date \_\_\_\_\_ (dd/mm/ccyy)

Is this ex-spouse re-married? Yes  No If not re-married, is the ex-spouse living with someone as husband and wife? Yes  No 

Monthly maintenance received at time of death for: Ex-spouse R \_\_\_\_\_ Child(ren) R \_\_\_\_\_

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Section D – Information of all the deceased's children (irrespective of age)**

- Important:**
- Please attach a copy of the bank statements and if applicable adoption papers.
  - Make a **copy of page 6 and 7 if more than 2 children**.
  - Major children (older than 18 years) must also complete either "Annexure A: Give up the right to claim fund benefits", OR "Annexure B: Statement of income and expenses and "Annexure C: Statement of assets and liabilities"

**Child 1**Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female Type of identification Identity document\*  Passport  *copy of applicable document compulsory*

Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_

Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

*Please select the applicable option with an "X"*Scholar  Student  Disabled  Employed  Unemployed Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes  No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)*

If employed mention occupation \_\_\_\_\_ Monthly income: R \_\_\_\_\_

If child disabled, is the child receiving social grant? Yes  No Relation to the deceased: *Please select the applicable option with an "X"*Biological child  Adopted  Stepchild  Foster  Other - specify \_\_\_\_\_**Bank details for payment (proof of bank account compulsory)**

Name of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_ Name of branch \_\_\_\_\_

Account number \_\_\_\_\_ 6-digits branch code \_\_\_\_\_

Type of account: Current (cheque)  Savings  Transmission

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Child 1** *(continued)***Compulsory – Details of child's biological parents**

	Mother	Father
Full name and surname		
Previous name		
Date of birth		
Country of birth		
Identity number		
Country of issue		
Nationality		
Home address		
Postal/Zip code		
Telephone number		
Cell phone number		
Email address/Fax number		

**If child is minor** – in whose care is child currentlyTitle: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname *(if applicable)* \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female Type of identification Identity document\*  Passport  *copy of applicable document compulsory*Number \_\_\_\_\_ Country of issue *(compulsory)* \_\_\_\_\_Passport expiry date \_\_\_\_\_ *(dd/mm/ccyy)*

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ *(compulsory)* Country of residence \_\_\_\_\_ *(compulsory)*Citizenship \_\_\_\_\_ *(compulsory)* Tax residency \_\_\_\_\_ *(compulsory)*

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Child 2**Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female 

Type of identification Identity document\*  Passport  *copy of applicable document compulsory*  
 Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_  
 Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_  
 \_\_\_\_\_ Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

*Please select the applicable option with an "X"*Scholar  Student  Disabled  Employed  Unemployed Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes  No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)*

If employed mention occupation \_\_\_\_\_ Monthly income: R \_\_\_\_\_

If child disabled, is the child receiving social grant? Yes  No Relation to the deceased: *Please select the applicable option with an "X"*Biological child  Adopted  Stepchild  Foster  Other - specify \_\_\_\_\_**Bank details for payment** (proof of bank account compulsory)

Name of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_ Name of branch \_\_\_\_\_

Account number \_\_\_\_\_ 6-digits branch code \_\_\_\_\_

Type of account: Current (cheque)  Savings  Transmission

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Child 2 (continued)****Compulsory – Details of child's biological parents**

	Mother	Father
Full name and surname		
Previous name		
Date of birth		
Country of birth		
Identity number		
Country of issue		
Nationality		
Home address		
Postal/Zip code		
Telephone number		
Cell phone number		
Email address/Fax number		

**If child is minor – in whose care is child currently**Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female Type of identification Identity document\*  Passport  *copy of applicable document compulsory*

Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_

Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Section E – Any other parties financially dependent on deceased**

- Important:**
- Make **copies** of this page if more than 2 dependants
  - Dependants must also complete either "Annexure A: Give up the right to claim fund benefits", OR "Annexure B: Statement of income and expenses and "Annexure C: Statement of assets and liabilities"

**Dependant 1**Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female Type of identification Identity document\*  Passport  *copy of applicable document compulsory*

Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_

Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Postal address \_\_\_\_\_

(if not the same as home address)

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

Relation to the deceased: *Please select the applicable option with an "X"*Biological child  Adopted  Stepchild  Foster  Other - specify \_\_\_\_\_

How was this person dependent on the deceased? \_\_\_\_\_

Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes  No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)***Bank details for payment (proof of bank account compulsory)**

Name of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_ Name of branch \_\_\_\_\_

Account number \_\_\_\_\_ 6-digits branch code \_\_\_\_\_

Type of account: Current (cheque)  Savings  Transmission

Policy number \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Dependant 2**Title: Mr  Mrs  Miss  Ms  Rev  Dr  Prof  Adv  Judge 

Full name and Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male  Female Type of identification Identity document\*  Passport  *copy of applicable document compulsory*

Number \_\_\_\_\_ Country of issue (compulsory) \_\_\_\_\_

Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Nationality \_\_\_\_\_ (compulsory) Country of residence \_\_\_\_\_ (compulsory)

Citizenship \_\_\_\_\_ (compulsory) Tax residency \_\_\_\_\_ (compulsory)

Tax reference number \_\_\_\_\_

Home address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Postal address \_\_\_\_\_

(if not the same as home address)

Postal/Zip code \_\_\_\_\_

Telephone number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

e-mail address \_\_\_\_\_

Relation to the deceased: *Please select the applicable option with an "X"*Biological child  Adopted  Stepchild  Foster  Other - specify \_\_\_\_\_

How was this person dependent on the deceased? \_\_\_\_\_

Were you financially supported by the deceased on a regular basis at the time of his/her death? Yes  No *If "Yes", factual proof is compulsory (e.g. your bank statements of the last 3 months prior to death)***Bank details for payment (proof of bank account compulsory)**

Name of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_ Name of branch \_\_\_\_\_

Account number \_\_\_\_\_ 6-digits branch code \_\_\_\_\_

Type of account: Current (cheque)  Savings  Transmission **Declaration by person completing this form**

I declare that:

- I have completed this form.
- I understand the information in this document.
- The information is correct.

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_ My relationship with the member \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_

Fund name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

## Annexure A: Give up the right to claim fund benefits

- Important:**
- When you complete this form **do not** complete Annexure B and C.
  - Any adult, potentially dependent person who wishes to give up their right to claim any benefits from the above-mentioned fund(s) must sign this document and return it to us, together with the fully completed "Details of dependants" form.
  - This document must be completed by every potentially dependent person who wishes to give up his/her rights to claim benefits.

### Definition of a dependant

The Pension Funds Act defines a dependant as follows - "dependant", in relation to a member means -

- a person in respect of whom the member is legally liable for maintenance;
- a person in respect of whom the member is not legally liable for maintenance, if such person -
  - was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
  - is the spouse (\*) of the member;
  - is a child of the member, including a child born after the member's death, an adopted child and a child born out of wedlock.
- a person in respect of whom the member would have become legally liable for maintenance, had the member not died;

\* "spouse" means a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, 1961 (Act No. 68 of 1961), the Recognition of Customary Marriages Act, 1998 (Act No. 68 of 1997), or the Civil Union Act, 2006 (Act No. 17 of 2006), or the tenets of a religion.

### Declaration by person completing this form

I declare that:

- I give up my right to claim for any benefits in terms of the above-mentioned fund.
- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_ My relationship with the member \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_

Fund name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Annexure B: Statement of income and expenses**

If you are married or in a co-habiting relationship, please complete your own as well as the spouse's/life partner's details. If you are the deceased member's spouse, complete your own and the deceased's details.

- Important:**
- When you complete this form **do not** complete Annexure A
  - Please **make copies** of this document, complete and attach it for each person (excluding minors) listed on the Details of Dependents form. Submit this document with the following
    - Bank statement
    - Salary advice (pay sheet of the person on this document)
    - Statement of assets and liabilities document.

We, the Fund and Sanlam, are not allowed to disclose the information on this document to any third party. For the trustees of the fund to decide to whom the proceeds must be paid, please complete the following as fully as possible.

Personal details	Your information	Spouse or partner's information
Full names and surname		
Identity number		
Your contact number		

Employer details	Your information	Spouse or partner's information
Employer name		
Employer address		
Contact number		
Employee number		

A. Gross income (list monthly gross income from all sources before tax and deductions)	Your information	Spouse or partner's information
<b>Total gross monthly income</b>		

B. Expenses (list monthly expenses)		Your information	Spouse or partner's information
<b>1. Basic needs</b>			
1.1	Accommodation (including electricity and water)		
1.2	Medical expenses		
1.3	Food and clothing (including school wear)		
1.4	Transport		
<b>2. Educational needs (all levels)</b>			
2.1	Accommodation		
2.2	Transport		
2.3	Tuition fees		
2.4	School wear, etc.		
<b>3 Other expenses</b>			
3.1	Maintenance responsibilities		
3.2	Hire purchase/Loan/Credit card instalments		
3.3	Insurance premiums payable		
3.4			
3.5			
<b>Total monthly expenses</b>			

---

Fund name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

## **Annexure B: Statement of income and expenses** *(continued)*

### **Declaration by person completing this form**

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_ My relationship with the member \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_

Fund name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

**Annexure C: Statement of assets and liabilities**

If you are married or in a co-habiting relationship, please complete your own as well as the spouse's/life partner's details. If you are the deceased member's spouse, complete your own and the deceased's details.

- Important:**
- When you complete this form **do not** complete Annexure A
  - Complete and attach this form for each person (excluding minors) listed on the Details of Dependants form.
  - Submit this document and the Statement of income and expenses document.

We, the Fund and Sanlam, are not allowed to disclose the information on this document to any third party. For the trustees of the fund to decide to whom the proceeds must be paid, please complete the following as fully as possible.

**Details of potential dependant or nominee**

Full name and surname \_\_\_\_\_

Identity number \_\_\_\_\_

**A. List all assets (for example property, investments, shares, policies)**

Description of asset	Realistic market value of asset (R)	Amount still owed on asset (R)
1.		
2.		
3.		
4.		

**B. List all liabilities (for example loans, credit card debt, hire purchase, bond)**

Description of liability	Amount still owed (R)
1.	
2.	
3.	
4.	

	Yes	No	(R)
Will you get any other death benefits from retirement funds?			
Will you inherit any money or assets from the client who died?			
Will you receive any benefit from insurance policies from any other company on the life of the client who died?			

**Declaration by person completing this form**

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_ My relationship with the member \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_

Fund name: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Full names and surname of deceased: \_\_\_\_\_  
 Identity number of deceased \_\_\_\_\_

**Contact Sanlam at:**

RSA Telephone number (021) 916 3456  
 E-mail address deathclaims@sanlam.co.za  
 Namibia Telephone number +264 61 294 7440 E-mail address [claims.affluentsupport@sanlam.com.na](mailto:claims.affluentsupport@sanlam.com.na)

### Annexure D: Statement of employer's pension fund

The Employer's Pension/Provident Fund of the client who died must complete, stamp and sign this document

Please complete all information regarding the employer of the client who died;

<b>Deceased's pension fund number</b>		
<b>Company name</b>	<b>Address</b>	<b>Contact number</b>
Total value of deceased's Pension/Provident Fund:		R

**Please complete the following about the parties that share in the above Pension/Provident provisions:**

Name and surname	Identity number	Relationship to deceased	Amount paid / Payable (R)	For minors, if provision is paid to a trust or guardian, give details		
				Name	Contact number	Identity number
<b>Total</b>						

**Declaration**

I declare that the information that I have provided is true and correct Yes  No

Full names and surname \_\_\_\_\_ Identity number \_\_\_\_\_

Date signed \_\_\_\_\_ (dd/mm/ccyy) \_\_\_\_\_

Place signed \_\_\_\_\_ Signature \_\_\_\_\_ Company stamp \_\_\_\_\_

Fund name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Estate late (full names and surname) \_\_\_\_\_

## Annexure E: Statement by a Life partner

According to information at our disposal you and the deceased were life partners. If yes, please complete the attached questions and provide us with it together with your financial statements. **You must please provide your and the deceased's income and expenses as well as your assets and liabilities on the attached forms and send it to us together with this affidavit:**

• Were you living in the same house as the deceased member? Yes  No

• If so, the exact dates since when until when?

From \_\_\_\_\_ to \_\_\_\_\_ (dd/mm/ccyy)

• Were you financially dependent on the deceased? Yes  No

• Since **when** until when (date) have you been financially dependent on the deceased?

From \_\_\_\_\_ to \_\_\_\_\_ (dd/mm/ccyy)

• What are the reasons for your financial dependency on the deceased at date of death?

\_\_\_\_\_  
\_\_\_\_\_

• How did the deceased support you? (Provide factual proof as bank transfers, etc.)

\_\_\_\_\_  
\_\_\_\_\_

• How often did you receive financial support from the deceased? (Please provide a full explanation.) What was the value (in Rands) of the support from the deceased?

\_\_\_\_\_  
\_\_\_\_\_

• On what date was the last support received from the deceased?

\_\_\_\_\_  
\_\_\_\_\_

### Declaration by person completing this form

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct.

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_ My relationship with the member \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_