

Sanlam Beneficiary Fund

Application for change of guardianship

Note: This application form consists of 3 pages. Please ensure that all 3 pages are FULLY completed. We require certified copies of the undermentioned documents:

Checklist of documents:

Attached

1. Identity Document or Smart ID card (include both sides) of the new guardian.	<input type="radio"/> Yes	<input type="radio"/> No
2. Death certificate of the previous guardian. (if applicable)	<input type="radio"/> Yes	<input type="radio"/> No
3. Witness' Identity Document or Smart ID card (include both sides) (the witness must be family of the deceased member/guardian).	<input type="radio"/> Yes	<input type="radio"/> No
4. Birth certificate or Identity Document or Smart ID card (include both sides).	<input type="radio"/> Yes	<input type="radio"/> No
5. Bank statement or bank mandate of the new guardian (not older than three months).	<input type="radio"/> Yes	<input type="radio"/> No
6. Social worker report, or letter from the Court.	<input type="radio"/> Yes	<input type="radio"/> No

SECTION A: Particulars of the deceased member

Title and initials: _____ Date of birth: _____

Full names and surname: _____

Membership number: _____ Date of death: _____

SECTION B: Particulars of new guardian

Relationship to deceased (if applicable):

Spouse Child Parent Brother Sister Other: _____

Title and initials: _____ Date of birth: _____

Full names and surname: _____

Contact number(s)

Home: _____ Work: _____ Cell: _____

E-mail address: _____

Home address: _____

Postal code: _____

Name of bank:

Name of account holder:

Account number:

Branch code:

Account type: Savings Cheque Current Transmission

Please note the following:

- Payments cannot be made to credit card or bond accounts.
- Payments cannot be made to a third party.
- Payments cannot be split into different bank accounts.
- A Post Office savings account is not acceptable.

SECTION C: Declaration of guardianship (to be completed by the new guardian)

I, _____ (full name of guardian),

Identity number _____, hereby declare that I am the guardian of the following children:

Name of child/children	Date of birth	Member number

I also declare that:

- I will take care of them with the money that the Fund will pay me towards the child/children’s care and I will ensure that they attend school.
- I undertake to take proper care of the beneficiaries in my care.
- I undertake to advise the Fund immediately should any of the abovementioned children leave school/ a tertiary institution, or for any other reason cease to be dependent on me for support.
- I am aware of the fact that should I fail to comply with this undertaking, any overpayment of benefits which may occur, together with interest thereon, will be recovered from me.

Signature or right hand thumbprint of new guardian *

* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.

Signed and sworn to before me at _____ on this _____ day of _____ 20_____

by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

SECTION D: Declaration by witness (family member of the deceased member/guardian)

I, _____ (full name of guardian),

Identity number _____, declare herewith under oath that, to the best of my knowledge,
the new guardian:

- is a spouse/parent/brother/sister/foster parent/home/other dependant (indicate which is applicable) of the deceased.

My relationship to the deceased:

My address:

My telephone number:

Note: The witness must be a member of the deceased's family

Signature or right hand thumbprint of new guardian *

* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.

Signed and sworn to before me at _____ on this _____ day of _____ 20____
by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

To be completed by Clergyman, Justice of the Peace or Commissioner of Oath

Signature:

Full name and surname:

Position held:

Street address:

Area:

Force number:

Official stamp

Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.