

Your Life

Learning **Planning** Living



Pension Scheme and Provident Fund

DEATH CLAIM INVESTIGATION PACK

ISASA PENSION SCHEME AND PROVIDENT FUND (_____SCHOOL)

Employer	
Full names of deceased	
Date of Birth	
Date of Death	
Date advised	

Important Note:

The attention of participating employers is drawn to the provisions of Section 37C of the Pension Funds Act. This investigation pack is designed to assist participating employers in providing the Trustees of the ISASA Pension Scheme and Provident Fund with sufficient information to allow them to make decisions on the distribution of death benefits. The Trustees will apply the provisions of the Act in distribution. Decisions will be made based on the information supplied by the participating employer in this pack.

The recommendations by the participating employer should not be construed to be the final decision on the distribution of benefits and should therefore not be conveyed to any potential beneficiary or any dependent until such time as the Trustees have made a final decision.

In terms of the Pension Funds Act, a lump sum death benefit is to be paid to **Dependants** and **Nominated Beneficiaries** of a deceased member and, if there are none, to the member's estate. If there are only Nominated Beneficiaries and no Dependant, any deficit in the estate must be made good prior to payment to the Nominated Beneficiaries. The disposal of death benefits is strictly governed by section 37C of the Pension Funds Act.

A **Dependant** includes a Spouse, Partner, Child and any person factually, or legally dependent or who would have become dependent on the member had he/she not died.

A **Nominated Beneficiary** is someone other than a Dependant who has been nominated in writing by the member. A valid Beneficiary Nomination Form made out to the Retirement Fund (pension/provident section) will be required in order to validate a nomination.

Please ensure that **ALL RELEVANT SECTIONS** are fully completed, failing which the processing of the claim will be delayed. The claim cannot be considered unless accompanied by the completed pack.

CHECKLIST FOR DOCUMENTS

General (to be completed by Employer)

Status of member at date of death		Active contributor (actively at work), temporary absence, disability pensioner, withdrawn prior to death.
Certified copy of deceased's ID	Y / N	
Certified copy of Death Certificate	Y / N	
Deceased's salary as at DOD	R	
Copy of SAPS report or affidavit by investigating officer if death was due to unnatural causes.	Y / N	<i>If it is unlikely that claimants will be suspected (e.g. if death was caused by motor vehicle accident/suicide), please state so below, in which case SAPS will not be required.</i>
Copy of valid beneficiary nomination form	Y / N	<i>(A beneficiary nomination form is only valid if signed and dated by the deceased and if it correctly reflects the Fund name)</i>
If the deceased left no dependants, but had nominated beneficiaries (who are not dependants), confirmation from the executor of the deceased estate that the estate was solvent)	Y / N	<i>(A copy of the liquidation and distribution account or sworn affidavit by executor may be provided)</i>

SECTION 1 : SPOUSES OR LIFE PARTNERS OF DECEASED AT DATE OF DEATH

1.1 MARRIED (in terms of civil law, customary union/under the tenets of any religion):

Number of spouses

Details of spouses (please complete the section below in respect of each spouse):

Spouse		Spouse	
Full name and surname		Full name and surname	
ID No		ID No	
Civil/Customary Marriage/other? (please specify)		Civil/Customary Marriage/other? (please specify)	
Date of birth		Date of birth	
Address		Address	
Was the spouse living with the deceased at date of death?	YES / NO	Was the spouse living with the deceased at date of death?	YES / NO
If not, who was the spouse living with at date of death?		If not, who was the spouse living with at date of death?	
Number of children born from the union between the deceased and spouse (children's details to be specified under section 2)		Number of children born from the union between the deceased and spouse (children's details to be specified under section 2)	
Spouse		Spouse	
Full name and surname		Full name and surname	
ID No		ID No	
Civil/Customary Marriage/other? (please specify)		Civil/Customary Marriage/other? (please specify)	
Date of birth		Date of birth	
Address		Address	
Was the spouse living with the deceased at date of death?	YES / NO	Was the spouse living with the deceased at date of death?	YES / NO
If not, who was the spouse living with at date of death?		If not, who was the spouse living with at date of death?	

SECTION 1 : SPOUSES OR LIFE PARTNERS OF DECEASED AT DATE OF DEATH

Number of children born from the union between the deceased and spouse (children's details to be specified under section 2)		Number of children born from the union between the deceased and spouse (children's details to be specified under section 2)	
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Spouses Checklist (to be completed by Employer)

Documents Required	Attached? YES / NO	Further comments
Certified copy of ID doc of EACH spouse	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____ Spouse 4: _____	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____ Spouse 4: _____
Certified copy of marriage certificate/proof of customary marriage in respect of EACH spouse	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____ Spouse 4: _____	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____ Spouse 4: _____
Statement of Financial Dependency by each spouse (see Annexure A) <i>Note that this form is only required if the deceased is survived by other or nominated beneficiaries</i>	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____ Spouse 4: _____	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____ Spouse 4: _____

1.2 LIFE PARTNER / DOMESTIC PARTNERSHIP

Was the deceased involved in a permanent Life Partnership?

YES		NO	
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If the deceased was involved in a life partnership, please state the following in respect of the life partner

Full name and surname	
ID No	
Date of birth	
Address	
If applicable: Number of children born from the union between the deceased and life partner (children's detail to be specified under Section 2)	

Life Partner/Domestic partnership Checklist (to be completed by Employer)

Documents required	Attached? YES / NO	Further comments
Certified copy of ID doc of life partner		
Affidavit confirming relationship		
Statement of Financial Dependency (see Annexure A)		
Note that this form is only required if the deceased is survived by other dependants or nominated beneficiaries		

1.2 DIVORCED

Was the deceased supporting an ex-spouse, either voluntarily or involuntarily in terms of a maintenance order/agreement?	YES	NO
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If yes, state the following in respect of the ex-spouse:

Ex-Spouse 1		Ex-Spouse 2	
Name and surname		Name and surname	
ID No		ID No	
Date of birth		Date of birth	
Is former spouse still alive?	YES / NO	Is former spouse still alive?	YES / NO
Number of children born from the union between the deceased and ex-spouse (children's details to be specified under Section 2)		Number of children born from the union between the deceased and ex-spouse (children's details to be specified under Section 2)	
Is former spouse remarried?	YES / NO	Is former spouse remarried?	YES / NO

Divorce Checklist (to be completed by Employer)

Documents Required	Attached? YES / NO	Further comments
Certified copy of ID doc of former spouse	Ex-spouse 1: _____ Ex-spouse 2: _____	Ex-spouse 1: _____ Ex-spouse 2: _____
Certified copy of divorce order, including settlement agreement	Ex-spouse 1: _____ Ex-spouse 2: _____	Ex-spouse 1: _____ Ex-spouse 2: _____
If not included in divorce order, copy of maintenance order	Ex-spouse 1: _____ Ex-spouse 2: _____	Ex-spouse 1: _____ Ex-spouse 2: _____
Statement of Financial Dependency, as well as proof of actual maintenance payments (see Annexure A) Note: If spouse claims maintenance and this is not supported by a divorce/maintenance order	Ex-spouse 1: _____ Ex-spouse 2: _____	Ex-spouse 1: _____ Ex-spouse 2: _____

**SECTION 2 : CHILDREN OF
DECEASED**

This includes only biological or legally adopted children of the deceased and MUST include full details of adult and independent children of the deceased

**Please make copies of this page if there are more than 4
children**

	Child	Child	Child	Child
Name of child				
ID No of child				
Child's date of birth				
Address at which child is residing				
Name of other Biological parent of child (Please answer even if the child is no longer in the care of that parent)				
Is the child still living with the surviving parent? (Yes/No)				
If no, please state why the child is no longer with the other parent (e.g. if that parent is also deceased, please indicate "parent deceased")				
Name of caregiver of child (This applies if the child is not living with the surviving parent. If the child is 18 years or older, state "NA")				
What is the Caregiver's relationship to the child? (e.g. aunt, grandmother, uncle)				

Does the child suffer from any disability? (Yes/No)				
State details of any disability suffered by the child. If 18 years and older, medical proof will be required if incapable of handling his own financial affairs				
If the child is 18 years and older, is he/she employed (Yes/No)				
If the child is 18 years and older and unemployed, is the child studying on a full- time basis (Yes/No)				
If YES, please state level of education and educational facility at which the child is studying				
If NO, please state reasons for unemployment				

**Checklist for Employer (children of the deceased)
State "Yes/No" if supporting documents are
included**

**Please make copies of this page if there are more than 4
children**

	Child	Child	Child	Child
Documents required				
Certified copy of ID doc/birth certificate of child				
Affidavit confirming child's parents				
Court order confirming formal adoption in the case of formally adopted child				
Affidavit confirming child's caregiver				
Certified copies of ID doc's and bank details of parent/caregiver				
Medical evidence confirming disability in the case of adult child				
Financial dependency Statement for any child aged 18 and older				

SECTION 3 : FACTUAL DEPENDANTS OF DECEASED

This includes any persons, other than the persons in Sections 1 or 2, who claim to have been dependent on the deceased, or for whom the deceased would have become legally liable for maintenance had the member not died

Please make copies of this page if there are more than 4 dependants

Details of Factual Dependants

	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Name of person				
Relation between the person and the deceased (e.g. father, fiancé, sister, niece, grandmother)				
ID No of person				
Person's date of birth				
Address at which person is residing				
Name of caregiver of minor dependant				
What is the caregiver's relationship to the minor dependant? (e.g. father, sister, aunt, grandmother)				
In the case of a minor dependant, what was the amount of maintenance the deceased paid to the dependant each month?				
Did the dependant live with the deceased at time of death?				

Factual Dependents Checklist for Employer
State "Yes/No" if supporting documents are included

Please make copies of this page if there are more than 4 factual dependants

	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Documents required				
Certified copy of ID doc/birth certificate of dependant				
Statement of Financial Dependency In respect of minors, certified copies of ID doc's of parent/caregiver				
Medical evidence confirming disability in the case of adult				
Any form of proof of financial dependency, e.g. bank statements showing regular payments				

ISASA PENSION SCHEME AND PROVIDENT FUND

Death claim: The Late _____

The statement below must be made by way of a sworn affidavit. You may complete the document in private, but you must SIGN the document in the presence of a Commissioner of Oaths and you must DECLARE UNDER OATH, before the Commissioner of Oaths, that the information in the document is true and correct.

This means that the document has the same force and effect as if you had made a sworn statement in a court of law and that legal action may be taken if any information supplied is found to be untrue

Full name and surname		
ID No.		
Address		
What was your relationship with the deceased (e.g. father, fiancé, child)		
Were you living with the deceased at date of death?	YES	NO
Did the deceased support you financially?	YES	NO
What was the amount that the deceased paid towards your maintenance each month?	R	
Was this money used to support the entire household or only for you personally?	For the household	Only for me
Are you aware of any other spouses / life partners / children of the deceased of any other persons who the deceased supported financially	If YES, please list those persons below	NO

Name and surname	ID No	Relationship with deceased	Was this person living with the deceased at time of death?		Contact details
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	

Name and surname	ID No	Relationship with deceased	Was this person living with the deceased at time of death?		Contact details
			YES	NO	
			YES	NO	
			YES	NO	

FINANCIAL CIRCUMSTANCES

The Trustees require this information in order to make a fair allocation between all the deceased's dependants. All information will be kept strictly confidential

Are you employed?	YES	NO
If you are not employed, do you suffer from a disability	YES	NO
If you suffer from a disability, state the nature of your disability		
If you are employed, what is your occupation?		

SOURCES OF INCOME

Please provide details of any income you receive below:

	Monthly amount
Formal employment	
Informal trade	
State pension	
Income from your spouse (not the deceased)	
Pension from previous employment	
Investments	
Maintenance*	
Other**	
TOTAL	
*Please provide details of the source of the maintenance you receive	
**Please provide details of the source of the other income you receive	

MONTHLY EXPENSES	
Please provide details of your monthly expenses	
	Monthly amount
Income Tax	
Medical Aid	
Pension and retirement annuity contributions	
UIF	
Rent	
Bond payment	
Lease agreement/instalment credit (including vehicles)	
Credit cards	
Personal loans	
Home and short-term insurance	
Funeral cover	
Transport/vehicle maintenance	
School/education fees	
Electricity and water	
Rates and taxes	
Groceries	
Clothing	
Telephone/cell phone	
Doctor/chemist	
Alimony/maintenance	
Donations/church	
Entertainment	
Savings	
Maid/gardener	
TV, satellite, MNet	
Security	
Levies	
Other	
TOTAL	

I, the undersigned, hereby warrant and confirm that:

- I have initialled each page of this statement;
- I know and understand the contents of the above declaration and I know my rights regarding the declaration I have made;
- The information provided in this statement is true and correct and I have provided all information that I am aware of that may be relevant to the decision of the trustees regarding the payment of the benefit;
- I have listed in this document all persons that I am aware of that might qualify as dependants of the deceased, as defined in the Pension Funds Act and as defined above;
- I have signed this statement freely and voluntarily and have no objection to taking the prescribed oath. No undue duress has been placed on me to make the oath;
- I consider the prescribed oath to be binding to my conscience

NAME

SIGNATURE

DATE

SIGNED AND SWORN to before me at _____ on this _____ day of _____ 201__ by the deponent, who has acknowledged that he knows and understands the contents of this affidavit, has no objection to taking this oath and considers this oath to be binding on his conscience.

COMMISSIONER OF OATHS

Full names: _____

Capacity: _____

Address: _____

ANNEXURE B: REQUEST FOR ADVANCE

Request for advance payments

Full names of deceased _____

Current Pensionable Salary _____

Total number of dependants _____

Number of dependants requiring an advance payment _____

Name	Relationship to deceased	Motivation	How much is required?

NOTE BANKING DETAILS AS FOLLOWS

Name of dependant	
Bank	
Branch	
Type of account	

Name of dependant	
Bank	
Branch	
Type of account	

Name of dependant	
Bank	
Branch	
Type of account	

Name of dependant	
Bank	
Branch	
Type of account	

Any advance payment will be subject to the approval of the Trustees and will only be considered in extreme circumstances

Annexure C – Affidavit Templates

DECLARATION OF GUARDIANSHIP

(To be completed by the Guardian)

I, (full name) _____

Identity number _____ Hereby declare that I am the GUARDIAN
of the following child/ren:

NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO THE CHILD	NAME OF SCHOOL/TERTIARY

Please provide particulars regarding child/ren expenditure:

My relationship with the deceased: _____

THE ABOVEMENTIONED PARTICULARS ARE CORRECT IN EVERY RESPECT

***SIGNATURE OR RIGHT-HAND THUMB PRINT OF APPLICANT**

--

Signed and sworn to before me at _____ on this _____

day of _____ 201_ 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 signed in the presence of a Commissioner of Oath.**
PLEASE COMPLETE IN FULL

TO BE COMPLETED BY A COMMISSIONER OF OATH	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	

LOBOLA DECLARATION

(Only to be completed by spouse e.g. husband/wife who was customarily married to the deceased)

I, (full name) _____

Identity number _____ do solemnly declare as follows:

- a. My late boyfriend/husband paid _____ for lobola.
- b. From the relationship/marriage _____ children were born.
- c. We were separated from (date) _____ years before his/her death.
- d. We were divorced on _____
- e. I was the only/first/second wife/husband of the deceased.

THE ABOVEMENTIONED PARTICULARS ARE CORRECT IN EVERY RESPECT

***SIGNATURE OR RIGHT-HAND THUMB PRINT OF APPLICANT**

Signed and sworn to before me at _____ on this _____

day of _____ 201_ 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 signed in the presence of a Commissioner of Oath.**

PLEASE COMPLETE IN FULL

TO BE COMPLETED BY A COMMISSIONER OF OATH	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	

PLACE OFFICIAL STAMP

DECLARATION BY WITNESS (DECEASED'S FAMILY MEMBER)

I, (full name) _____

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

- a. is a spouse/child/guardian/parent/brother/sister/other dependent of the deceased, and
If other was selected above please explain: _____
- b. was dependent on the deceased.

My relationship with the deceased

mother	father	sister	brother	other
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If other was selected above please explain: _____

My address _____

My telephone number _____

Please note that the witness must be a member of the deceased's family

***SIGNATURE OR RIGHT-HAND THUMB PRINT OF WITNESS**

Signed and sworn to before me at _____ on this _____

day of _____ 201_ 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 signed in the presence of a Commissioner of Oath.**

PLEASE COMPLETE IN FULL

TO BE COMPLETED BY A COMMISSIONER OF OATH	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	
HR Office:	
Personnel Officer:	
Telephone number:	