

APPLICATION FOR DEATH BENEFITS BY SPOUSE / LIFE PARTNER (MEMBER)

Industry Number of Deceased

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Identity Number of Deceased

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NOTE: In the event of more than one spouse, each spouse has to complete a separate application form.

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.

PERSONAL DETAILS OF SPOUSE (Spouse of deceased at date of death)

Title	Initials	Surname										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
Full Names (First Two Names)												
1	<input type="text"/>	2	<input type="text"/>									
Identity / Passport Number		<input type="text"/>										
Gender (Please tick block)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date Of Birth (YYYYMMDD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS

P O Box Number	Suburb, Town or City	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS

Street Number	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb, Town or City		Postal Code
<input type="text"/>		<input type="text"/>

CONTACT DETAILS OF SPOUSE

Tel No	Code	<input type="text"/>	Number	<input type="text"/>
Mobile No	Code	<input type="text"/>	Number	<input type="text"/>
E-Mail	<input type="text"/>			

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS	<input type="checkbox"/>	E-MAIL	<input type="checkbox"/>	TELEPHONIC	<input type="checkbox"/>	POSTAL	<input type="checkbox"/>
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APPLICATION FOR DEATH BENEFITS BY SPOUSE / LIFE PARTNER (MEMBER)(CONTINUED)

Industry Number of Deceased
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

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IMPORTANT NOTICE : THIS DOCUMENT SHOULD ONLY BE COMPLETED BY THE SPOUSE OF THE DECEASED.

Title	Initials	Surname
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Identity Number/Passport Number	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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POSTAL ADDRESS

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PENSION OPTION FOR THE SPOUSE OF THE DECEASED ONLY

50% Of Benefit To Be Utilised To Purchase A Monthly Pension

Term Certain Guarantee (Monthly Pension)	5 Years <input type="checkbox"/>	10 Years <input type="checkbox"/>	15 Years <input type="checkbox"/>	20 Years <input type="checkbox"/>	25 Years <input type="checkbox"/>
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50% Of The Benefit Will Be Utilised To Purchase A Lumpsum

In the event that a lumpsum is awarded to me, I elect for the lumpsum to be treated as follows (Tick the applicable block)

Paid to me as a full lumpsum <input type="checkbox"/>	Converted in full to a monthly pension <input type="checkbox"/>
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I elect to convert R of the lump sum due to me into an additional lifelong monthly pension.

FULLY COMMUTE (IF APPLICABLE)

Only in cases where 50% of the total capital does not exceed R247 500, may the spouse pension be commuted to a lumpsum only payment. By electing this option the spouse accepts that no monthly spouse pension shall be payable.

I elect to fully commute

Signature of Spouse

Date (YYYYMMDD)

Y	Y	Y	Y	M	M	D	D
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APPLICATION FOR DEATH BENEFITS BY SPOUSE / LIFE PARTNER (MEMBER)(CONTINUED)

Industry Number of Deceased (8 digit grid)

Identity Number of Deceased (12 digit grid)

BANK DETAILS (All alterations must be signed by applicant and bank official)

To be verified by Bank Official as correct and active and belonging to the Applicant.

Bank details form including fields for Surname, Initials, ID/Passport Number, Name of Bank, Branch Name, Branch Code, Account number, Type of account (Savings/Cheque), and Date opened (YYYYMMDD).

Signature section with fields for Signature of Account Holder, Date (YYYYMMDD), Initials and Surname of Bank Official, Signature of Bank Official, and OFFICIAL STAMP OF BANK.