

<input type="checkbox"/> HEAD OFFICE P O Box 32528 Braamfontein, 2017 76 Juta Street Braamfontein, 2017 Tel: (011) 520-0000 Fax: (011) 520-0001 PSSPF: (011) 520 0080 CCNPF: (011) 520 0900	<input type="checkbox"/> DURBAN P O Box 2183 Durban, 4000 4th Floor, Victoria Maine 71 Margaret Mncadi Avenue Durban, 4001 Tel: (031) 304-0501 Fax: (031) 304-2418	<input type="checkbox"/> PORT ELIZABETH P O Box 27135, Greenacres Port Elizabeth, 6057 70 - 2nd Avenue, Newton Park Port Elizabeth, 6045 Tel: (041) 391-5200 Fax: (041) 391-5230	<input type="checkbox"/> CAPE TOWN P O Box 1680 Cape Town, 8000 12th Floor 1 Thibault Square Thibault Square Cape Town, 8001 Tel: (021) 403-9200 Fax: (021) 421-3559	<input type="checkbox"/> RICHARDS BAY P O Box 2183 Durban, 4000 Suite No 12 Lakeview Terrace 7 Trinidad Richards Bay, 3901 Tel: (031) 366-7700 Fax: (031) 403-2418	<input type="checkbox"/> POLOKWANE P O Box 1924 Polokwane, 0700 20 Church Street Polokwane 0699 Tel: (015) 291-4184 Fax: (015) 291-5006	<input type="checkbox"/> PRETORIA Private Bag X35 Rosslyn, 0200 Rosslyn Satellite Office 30 Helium Street, Unit 10 Automotive Office Park Rosslyn, Pretoria, 0002 Tel: (012) 564-3363 Fax: (012) 564-3362
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Leader in People Benefits in Africa

<h1>DEATH CLAIM</h1>	NAME OF FUND:
	EMPLOYER / SECTION:

MEMBER'S PARTICULARS (please complete in full)

First Names and Surname in Full		I.D. No (Attach copy of I.D.)		Date of Birth	
Employee No.	Date of Employment	Date of Death	Date of Last Contribution	Amount of Last Contribution	
				Member	Company
Income Tax Number		Revenue Office		Annualised Salary at Death as per the Rules	
Member's					
Residential Address:				Code:	
Postal Address:					

DISPOSAL OF BENEFITS

Details of Disposal of Benefits
Attach Dependants and Nominees Form

Name of Dependants	Relationship to Deceased	% Share
1		
2		
3		
4		
5		
6		
7		

On account payment to: _____ of R _____

TAXATION PARTICULARS

Are you aware of any lump sum benefits which will arise or have accrued to the deceased from any other Fund?
If yes, please provide details

YES	NO
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The TAX FREE portion of the lump sum is based on a formula which includes "The highest average salary actually earned during any 5 consecutive years". "Salary" is not defined in the Income Tax Act but we understand Inland Revenue practice includes all amounts that the Employee is entitled to demand in terms of his service contract. Complete form on reverse side.

Period of employment Outside RSA prior to Death _____ completed years:

IMPORTANT
Please provide the following original or certified copies of documents:
If attached, please (✓)

a) Death Certificate _____

b) Birth Certificate _____

c) Marriage Certificate _____

d) Payslip for last full month prior to death _____

e) Copy of I.D. _____

Beneficiaries Banking details: (If more than two beneficiaries please show banking details and addresses on separate page):
(Please ensure that the bank account details supplied are in respect of Spouses/Beneficiaries own Account, as payments will be made directly into payee account).

Account Name	
Account Number	
Type of Account	Current / Savings / Transmission
Name of Bank / Building Society	
Name of Branch	
Branch Code	

Account Name	
Account Number	
Type of Account	Current / Savings / Transmission
Name of Bank / Building Society	
Name of Branch	
Branch Code	

Beneficiary's Residential Address:	
Postal Code:	
Postal Address:	
Postal Code:	

Beneficiary's Residential Address:	
Postal Code:	
Postal Address:	
Postal Code:	

PAYMENT INSTRUCTIONS:

Please Note: Cheques will only be issued in exceptional circumstances and must be collected by the employer. All payments will be done by Electronic fund transfer.

EMPLOYER'S DECLARATION:

Certified that the information contained herein is correct

Indebtedness to Employer to be recovered from benefits as per Section 37D of the Pension Funds Act / Attach proof) R

R

Employer's Stamp

Authorised Signature: _____
Designation: _____
Dated: _____

FOR OFFICE USE ONLY

	SIGNATURE	DATE	
Cheque requisitioned by:			Cheque Signatory:
Cheque released by:			Date:

**FORM D
PENSION AND PROVIDENT FUNDS**

To be completed by the member's employer in all cases where Form A is applicable, and submitted by the Trustee, Administrator or Insurer of the Fund in conjunction with Form A to the taxpayer's Receiver of Revenue.

Name of Employer / Fund: _____

Address of Employer / Fund: _____

1. Employees Surname: _____

Employees First Names: _____

2. Highest average salary actually earned by the taxpayer during any five consecutive years in service of the employer during his membership of the Fund.

Year	Salary
.....	R
.....	R
.....	R
.....	R
.....	R
.....	R

Total: R

Average for the 5 years or lesser period if employee was employed for lesser period R

3. To be completed on the death of an employee: Twice the salary during 12 months immediately preceding death: R

Note: For the purpose of questions 2 and 3, "Salary" includes any amount received or receivable annually under a contract of service as cost of living allowances, commission, share of profits, etc., but not occasional bonuses or fees which are payable at the discretion of the Directors or Employer.

Certified correct to the best of my knowledge and belief.

_____ Date

_____ Administrator