Death claim

Retirement Funds

Request for information from deceased's ex-spouse

NEDGROUP INVESTMENTS

The Nedgroup Investments Retirement Annuity, Pension and Provident Preservation Funds (the Fund/s) are administered by FNZ SA Financial Administration Solutions (Pty) Ltd (the Administrator). In this document references to "we"; "us"; "our" are references to the Fund and/or the Administrator.

1. What you need to know

1. We require the information requested in this form to process our investigation. Please complete and return to us together with the required supporting documentation at NedgroupInvestmentsPP@silica.net.
2. The legal process in terms of Section 37C of the Pension Funds Act requires the Trustees of the Fund/s to gather information to identify the people who were dependent on the deceased for their maintenance in order to distribute the death benefit. For more information about the process please visit www.nedgroupinvestments.com.
3. During the investigation information is collated about the deceased's family circle and any other persons nominated by them or mentioned in their Will or a trust established by them. We contact these people to collect and corroborate information and demonstrate that a search was done for dependants as the law requires. The information is collected and processed only for purposes of the investigation.
4. If you have any questions about this form, please contact Nedgroup Investments Client Services Centre on **0800 123 263** (from within SA) or on **+27 21 412 2003** (from outside SA).

Definition of an ex-spouse

Ex-spouse is a person who was divorced from the deceased at date of death

2. Details of deceased

Title and surname

First names

3. Your personal details

Title and surname

First names

ID number / Passport number

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Residential address

Code

Country South Africa

If other

Have you re-married? ☐ Yes ☐ No

If **'Yes'**, has your new spouse legally adopted the deceased's children (if applicable)? ☐ Yes ☐ No

If **'No'**, are you living with someone and sharing a common household similar to a marriage? ☐ Yes ☐ No

4. Divorce details

Date of divorce M M Y Y Y Y

Details of maintenance paid to you

Did you receive maintenance from the deceased? ☐ Yes ☐ No

If **'Yes'**, please provide details

✓	Type of maintenance	Frequency	Rand amount
☐	Maintenance order		R
☐	Divorce order		R
☐	Voluntary basis		R

Details of maintenance paid to any of your children (if applicable)

Did you receive maintenance for any of your children from the deceased? ☐ Yes ☐ No

If **'Yes'**, please provide details

Child 1

✓	Type of maintenance	Frequency	Rand amount
☐	Maintenance order		R
☐	Divorce order		R
☐	Voluntary basis		R

Child 2

✓	Type of maintenance	Frequency	Rand amount
☐	Maintenance order		R
☐	Divorce order		R
☐	Voluntary basis		R

Child 3

✓	Type of maintenance	Frequency	Rand amount
☐	Maintenance order		R
☐	Divorce order		R
☐	Voluntary basis		R

Child 4

✓	Type of maintenance	Frequency	Rand amount
☐	Maintenance order		R
☐	Divorce order		R
☐	Voluntary basis		R

Details of any previous and/or future maintenance claims

Have you submitted a maintenance claim against the deceased's estate for arrear maintenance and/or future maintenance? ☐ Yes ☐ No

If **'Yes'**, has a claim been paid from the estate? ☐ Yes ☐ No

Please provide details of the claim, including the amount paid or estimated to be paid

Details of deceased's other permanent relationships

How many times has the deceased been married?

How many times has the deceased been divorced?

Was the deceased in a permanent relationship with another person at date of death? ☐ Yes ☐ No

If **'Yes'**, please provide details

Person 1

Title and surname

First names

Relationship to deceased

Person 2

Title and surname

First names

Relationship to deceased

Person 3

Title and surname

First names

Relationship to deceased

Person 4

Title and surname

First names

Relationship to deceased

5. Details of children

Do you have any children? ☐ Yes ☐ No

If **'Yes'**, please provide:

How many children do you have?

Was the deceased the parent of all your children? ☐ Yes ☐ No

If **'No'**, please explain

Please provide details of all your children

Child 1

Title and surname

First names

If this child is **alive**, please provide: Date of birth D D M M Y Y Y Y Age

Was this child financially supported by the deceased? ☐ Yes ☐ No

If this child is **deceased**, please provide: Date of death D D M M Y Y Y Y

Child 2

Title and surname

First names

If this child is **alive**, please provide: Date of birth D D M M Y Y Y Y Age

Was this child financially supported by the deceased? ☐ Yes ☐ No

If this child is **deceased**, please provide: Date of death D D M M Y Y Y Y

Child 3

Title and surname

First names

If this child is **alive**, please provide: Date of birth D D M M Y Y Y Y Age

Was this child financially supported by the deceased? ☐ Yes ☐ No

If this child is **deceased**, please provide: Date of death D D M M Y Y Y Y

Child 4

Title and surname

First names

If this child is **alive**, please provide: Date of birth D D M M Y Y Y Y Age

Was this child financially supported by the deceased? ☐ Yes ☐ No

If this child is **deceased**, please provide: Date of death D D M M Y Y Y Y

Details of other children (if applicable)

Did the deceased have children with any other person? ☐ Yes ☐ No

If **'Yes'**, please provide details

Child 1

Title and surname

First names

Age | Is this child alive or deceased? ☐ Alive ☐ Deceased

Name of the other parent

Child 2

Title and surname

First names

Age | Is this child alive or deceased? ☐ Alive ☐ Deceased

Name of the other parent

Child 3

Title and surname

First names

Age | Is this child alive or deceased? ☐ Alive ☐ Deceased

Name of the other parent

Child 4

Title and surname

First names

Age | Is this child alive or deceased? ☐ Alive ☐ Deceased

Name of the other parent

6. Relationship with deceased

Did you share a common household with the deceased as at the date of death? ☐ Yes ☐ No

If **'Yes'**, please explain why you were living together

Did you receive financial support from the deceased over and above any maintenance obligations? ☐ Yes ☐ No

If **'No'**, proceed to section 9

If **'Yes'**, please explain

7. Income and expenses

Current income	Your current income from all sources	Your income as at date of deceased's death	Your spouse / life partner's current income from all sources
Salary	R	R	R
Maintenance (voluntary or in terms of a court order)	R	R	R
Pension / Annuity / SASSA old age grant	R	R	R
Grant/s for minor child / children	R	R	R
Investment income	R	R	R
Rental income	R	R	R
Other (please specify):			
	R	R	R
	R	R	R
	R	R	R
Total gross monthly income	**R**	**R**	**R**

Deductions from salary	Your current deductions	Your deductions as at date of deceased's death	Your spouse / life partner's current deductions
Tax	R	R	R
Retirement fund contributions	R	R	R
Other (please specify):			
	R	R	R
	R	R	R
	R	R	R
	R	R	R
	R	R	R
	R	R	R
	R	R	R
Total deductions	**R**	**R**	**R**

Net income (gross income less total deductions)	**R**	**R**	**R**

Expenses	What are you currently paying for?	Your expenses as at date of deceased's death	What are your spouse / life partner currently paying for?
Basic necessities:			
Accommodation (e.g. bond / rent / board and lodging)	R	R	R
Electricity, water, rates and levies	R	R	R
Medical expenses / Medical aid contributions	R	R	R
Food	R	R	R
Clothing	R	R	R
Transport (including hire purchase and petrol)	R	R	R
Educational needs:			
Accommodation (including meals)	R	R	R
School fees / Cost of tuition	R	R	R
Transport cost	R	R	R
School wear, stationary, etc.	R	R	R
Other expenses:			
Maintenance responsibilities in terms of court order	R	R	R
Loan(s)	R	R	R
Credit card instalments	R	R	R
Accounts (e.g. clothing, etc)	R	R	R
Telephone, cell phone and internet	R	R	R
Other (please specify):			
	R	R	R
	R	R	R
	R	R	R
	R	R	R
	R	R	R
Total monthly expenses	**R**	**R**	**R**

If your current expenses exceed your current income, please describe how you manage to maintain yourself?

List all your current assets (e.g. property, investments, shares, policies, etc.)	
Description of asset	**Realistic value**
	R
	R
	R
	R
	R
	R

List all your current liabilities (e.g. amounts outstanding on your loans, credit card debt, hire purchase, bond, etc.)	
Description of liability	**Amount outstanding**
	R
	R
	R
	R
	R
	R

Benefits received or to be received by you	
Value of benefits received/likely to be received from other **retirement funds** of which the deceased was a member	
Fund name	**Rand value**
	R
	R
	R
	R
Value of **inheritance** received/likely to be received because of the deceased member's death.	
Total amount	R
Value of **insurance policies** on the life of the deceased for which you have been nominated as a beneficiary	
Name of insurer	**Rand value**
	R
	R
	R
	R

Are you the beneficiary of a trust? ☐ Yes ☐ No

If **'Yes'**, are you (or will you be) receiving income from the trust? ☐ Yes ☐ No

If **'Yes'**, what is the value of the annual income you receive / expect to receive? R

8. Other means of financial support

Are you receiving financial support from any of your adult children? ☐ Yes ☐ No

If **'Yes'**, please explain and give details of support

Are you receiving financial support from any other person? ☐ Yes ☐ No

If **'Yes'**, please explain and give details of support

If you are not being assisted, how do you maintain yourself?

9. Details of other financial dependants

Please provided details of any other persons who, in your opinion, **were** financially dependent on the deceased at date of death

Person 1

Title and surname

First names

Relationship to deceased

Person 2

Title and surname

First names

Relationship to deceased

Person 3

Title and surname

First names

Relationship to deceased

Person 4

Title and surname

First names

Relationship to deceased

Person 5

Title and surname

First names

Relationship to deceased

Please provided details of any other persons who, in your opinion, **would have become** financially dependent on the deceased in the future had they not died

Person 1

Title and surname

First names

Relationship to deceased

Person 2

Title and surname

First names

Relationship to deceased

Person 3

Title and surname

First names

Relationship to deceased

Person 4

Title and surname

First names

Relationship to deceased

Person 5

Title and surname

First names

Relationship to deceased

10. Additional comments

Please provide any information regarding family circumstances or other factors, which you think the Trustees should know of and which will help them to distribute the benefit fairly.

11. Protection of Personal Information Act

The Funds have a legal obligation in terms of section 37C of the Pension Funds Act, 1956, to conduct a full and thorough investigation to identify and determine the dependants and nominees of the deceased member of the Funds to distribute the death benefit payable as a result of the death of the deceased member ('the Purpose'). The Funds are required to obtain certain personal information, as defined in the Protection of Personal Information Act of 2013 ('POPIA') and any other relevant data protection legislation, for the Purpose.

In line with the legal obligation of the Funds, certain information will be requested from you. By providing that or any other information, you consent to the Funds, the Administrator and Nedgroup Investments (Pty) Ltd (the Sponsor):

- Processing your personal information, and the personal information of any minor(s) of whom you are the natural or legal guardian, for the above Purpose and any related purposes
- Sharing such personal information with other retirement funds of which the deceased was a member for such retirement funds to conduct their own investigation to identify and determine the dependants
- Sharing such personal information with any third party or third-party service providers for the Purpose described above, and for the purpose of storing and maintaining your personal information

In addition to the information obtained from you directly, the Funds, the Administrator and the Sponsor may collect certain information regarding you from third parties, where this is necessary for the Purpose.

After completion of the investigation, the Trustees will make a decision as to the distribution of the death benefit and this decision, and the relevant basis for the decision, will be communicated to all nominees and dependants identified in the investigation.

The Funds, the Administrator and the Sponsor shall rely on the consent exceptions, as provided for in POPIA, to process the personal information of any other persons named or identified in this form, where this is necessary for the Purpose.

12. Supporting documentation check list

Please note that missing information and/or documentation will delay the resolution of the death claim.

A. Together with the completed form, please provide a copy of:

- Your identity document or passport (if applicable)
- Identity document, birth certificate or adoption papers for each of your minor children supported by the deceased (if applicable)
- Divorce order and settlement agreement or other formal document confirming the termination of your marriage
- Maintenance order (if applicable)
- Proof of maintenance claim paid by deceased's estate (if applicable)
- Proof of financial support you receive from others

B. In addition to A above, if you have completed sections 7 and 8 and are employed, please provide:

- Your pay slip for the month prior to deceased's death (if applicable)
- Your current pay slip (if applicable)
- Your last set of financial statements (if self-employed)
- Your last tax return

C. In addition to A and B above, if you have completed sections 7 and 8 and are a student, please provide:

- Proof of enrolment
- Statement of account from education facility

13. Declaration and signature

I confirm and certify that:

- The information I have completed in and submitted with this form is to the best of my knowledge true and correct
- I understand that further information may be requested, and that the information provided may be corroborated with third parties

Where the signatory is assisting the person because they cannot complete and sign the form themselves, I declare that I:

- Have completed the form for the person, whose details are set out in 'Section 3. Your personal details'
- Have checked all the information with the person for correctness and truthfulness or where the person is unable to provide the information due to age, physical or mental incapacity, I have personal knowledge of the person's circumstances and affairs
- Understand that further information may be requested, and that the information provided may be corroborated with third parties
- Confirm that the information is to the best of my knowledge true and correct

Relationship to person being assisted

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address

Signature

Full name

Date D D M M Y Y Y Y

Nedgroup Investments

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