Death claim

Retirement Funds

Request for information from deceased's siblings / adult children / parents / other persons

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).

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

Your marital status at date of deceased's death

☐ Single ☐ Engaged ☐ Married ☐ Life partner

☐ Separated ☐ Widowed ☐ Divorced ☐ Other

If **'Other'**, please explain

Relationship to deceased ☐ Brother ☐ Sister ☐ Child (18 years & older)
☐ Mother ☐ Father ☐ Other

If **'Other'**, please explain

Did you share a common household with the deceased? ☐ Yes ☐ No

If **'Yes'**, please provide details (e.g. did you pay board and lodging?)

Did your children (if applicable) share a common household with the deceased? ☐ Yes ☐ No

How many living children (if applicable), do you have?

If applicable, please state their ages

Are you looking after a minor child who was financially dependent on the deceased? ☐ Yes ☐ No

4. 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

5. 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.

6. Your financial dependence/independence

6.1 Did you receive regular financial support from the deceased that you relied on for your maintenance? ☐ Yes ☐ No

- If **'No'**, proceed to **sections 12, 13 (major child only) and 14**
- If **'Yes'**, please complete **all sections** of this form, **except section 11** (future financial dependence) and submit supporting documents as per section 13

6.2 Would you have become financially dependent on the deceased in the future had they not died? ☐ Yes ☐ No

- If **'No'**, proceed to **sections 12, 13 (major child only) and 14**
- If **'Yes'**, please **complete all sections** of this form, **except section 7** (financial dependence at time of death) and submit supporting documents as per section 13

7. Details of your financial dependence

Only complete if you answered **'Yes'** in section 6.1

When did you start receiving financial support from the deceased? M M Y Y Y Y

What was the date of the last financial contribution you received from the deceased? M M Y Y Y Y

Why were you being financially supported by the deceased at the date of death?

How did the deceased provide this financial support?
(e.g., food, payment of accounts, accommodation, bank transfers, education, medical expenses)

How often did you receive the support?

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other

If **'Other'**, please explain

What was the value of the support you received? R

Until when do you think you will need financial support? M M Y Y Y Y

What do you expect the value of your future support to be? R

What will you be using the support for?
(e.g., food, payment of accounts, accommodation, bank transfers, education, medical expenses)

8. Details of your occupation

Only complete if you answered **'Yes'** in section 6.1 or 6.2

What is your highest level of education?

Are you currently?

☐ Employed ☐ Unemployed ☐ Retired

☐ Student / Scholar ☐ Other

If **'Other'**, please explain

If **'Employed'**, please provide:

Occupation

Employer

If **'Unemployed'**, **please** provide:

When did you become unemployed? M M Y Y Y Y

Please provide details of your previous work experience

If **'Student'/'Scholar'**, please **provide**:

Course/Grade

Institution

When did you start your studies? M M Y Y Y Y

When do you expect to complete your studies? M M Y Y Y Y

Are you receiving any other financial aid (bursary)? ☐ Yes ☐ No

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

Who are you living with?

Who is paying for your accommodation?

9. Other means of financial support

Only complete if you answered **'Yes'** in section 6.1 or 6.2

From whom do you receive financial support?

What is the total value of the support you receive? R

How often did you receive the support?

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other

If **'Other'**, please explain

When did you start receiving financial support? M M Y Y Y Y

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

10. Income and expenses

Only complete if you answered **'Yes'** in section 6.1 or 6.2

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

Deductions from salary	Your current deductions	Your spouse/permanent life partner's current deductions
Tax	R	R
Retirement fund contributions	R	R
Other (please specify):		
	R	R
	R	R
	R	R
	R	R
Total deductions	R	R

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

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

11. Details of your expected future financial dependence

Only complete if you answered **'Yes'** in section 6.2

Please explain why you have an expectation of future dependence

When did you expect to become dependent on the deceased had they not died? M M Y Y Y Y

Please explain what the expected dependency would entail

Until when do you think you will need financial support? M M Y Y Y Y

What is the expected amount of the future financial support? R

How often did you expect to receive the support?

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other

If **'Other'**, please explain

12. 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.

13. Supporting documentation

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

Together with the completed form, please submit the following supporting documentation:

If you are a major child of the deceased and not financially dependent
Please provide a copy of:
- Your identity document or passport (if applicable)

Financially dependent on the deceased at time of death
A. Please provide a copy of:
- Your identity document or passport (if applicable)
- Your (and if applicable, your spouse's or life partner's) pay slip, pension slip, investment income, rental and/or any other statement confirming income (if applicable)
- Your (and if applicable, your spouse's or life partner's) last tax return (if applicable)
- Proof of payments or support received from deceased
- A letter providing more detail if the information requested in this form does not cover your circumstances fully
- Proof of financial support you receive from others

B. In addition to A above, if you are a student or scholar, please provide a copy of:
- Proof of enrolment
- Statement of account from education facility

Future financial dependence
- If you expected to become financially dependent on the deceased in the future, please provide a copy of:
- Your identity document or passport (if applicable)
- Your (and if applicable, your spouse's or life partner's) pay slip, pension slip, investment income, rental and/or any other statement confirming income (if applicable)
- Your (and if applicable, your spouse's or life partner's) last tax return (if applicable)
- Documentation to validate the expected future financial support i.e. quotations, estimates
- A letter providing more detail if the information requested in this form does not cover your circumstances fully

14. 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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Nedgroup Investments Proprietary Limited (Company registration number 1996/017075/07)
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