Death claim

Retirement Funds

Request for information from person(s) dealing with the deceased's estate

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. Details of deceased's estate

Did the deceased have a Will? ☐ Yes ☐ No

Has the deceased's death been reported to the Master of the High Court? ☐ Yes ☐ No

If **'Yes'**, has the Master of the High Court

Accepted the Will? ☐ Yes ☐ No

Appointed a person to administer the estate? ☐ Yes ☐ No

Details of the person/s appointed by the Master / expected to be appointed by the Master

Title and surname

First names

ID number / Passport number

Daytime contact number (mandatory) + (0)

Email address (mandatory)

Business name (if applicable)

Residential / Registered address

Code

Country South Africa

If other

Details if more than one person has been appointed

Title and surname

First names

ID number / Passport number

Daytime contact number (mandatory) + (0)

Email address (mandatory)

Business name (if applicable)

Residential / Registered address

Code

Country South Africa

If other

Details if the executor/s has appointed an agent / third party to administer the estate

Title and surname

First names

SA ID number

Daytime contact number (mandatory) + (0)

Email address (mandatory)

Business name (if applicable)

Residential / Registered address

Code

Country South Africa

If other

Details of estate's assets and liabilities

Please provide details of the estate's **assets**, heirs and beneficiaries (**excluding** retirement funds and life policies)

Asset	Estimated value	Full name of heir/beneficiary
	R	
	R	
	R	
	R	
	R	
	R	
	R	
	R	
	R	
	R	
	R	
	R	
	R	

Please complete if there are any outstanding **debts** that need to be settled by the estate

Creditor	Value
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R

4. Details of foreign estate (if applicable)

Does the deceased have an estate outside of South Africa? ☐ Yes ☐ No

If **'Yes'**, please provide information about the non-South African estate by completing a separate copy of this form for that estate.

5. Details of other benefits that have / will become payable due to the deceased's death

Please provide details of the deceased's retirement fund savings in **other** pension, provident, preservation or retirement annuity funds. Complete one line per beneficiary. If there are more beneficiaries, please provide information on a separate schedule.

Fund name	Estimated value	Beneficiaries	Has the benefit been paid?	
			Yes	No
	R		✓ OR	✓
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Please provide details of deceased's **policies** (life, endowment, living annuity). Complete one line per beneficiary. If there are more beneficiaries, please provide information on a separate schedule.

Insurer	Estimated value	Beneficiaries	Has the benefit been paid?	
			Yes	No
	R		✓ OR	✓
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Please provide details of any employer **Group life benefits** the deceased may have been eligible for. Complete one line per beneficiary. If there are more beneficiaries, please provide information on a separate schedule.

Insurer	Estimated value	Beneficiaries	Has the benefit been paid?	
			Yes	No
	R		✓ OR	✓
			☐	☐
			☐	☐

6. Details of trust

Did the deceased establish a trust for the benefit of their dependants? ☐ Yes ☐ No

If **'Yes'**, was it established ☐ In terms of their Will? ☐ During their lifetime?

If **'Yes'**, please provide details of trust(s)

Trust 1

Name of trust

Registration number

Details of contact person

Title and surname

First names

Daytime contact number (mandatory) + (0)

Email address (mandatory)

Who are the beneficiaries of this trust?

Trust 2

Name of trust

Registration number

Details of contact person

Title and surname

First names

Daytime contact number (mandatory) + (0)

Email address (mandatory)

Who are the beneficiaries of this trust?

7. Maintenance claims against the estate

Are there any persons with potential or actual maintenance claims against the estate? ☐ Yes ☐ No

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

Person 1

Title and surname

First names

Cell phone number + (0)

Email address

Reason for claim

Value R

Person 2

Title and surname

First names

Cell phone number + (0)

Email address

Reason for claim

Value R

Person 3

Title and surname

First names

Cell phone number + (0)

Email address

Reason for claim

Value R

Person 4

Title and surname

First names

Cell phone number + (0)

Email address

Reason for claim

Value R

8. Details of potential financial dependants

Please provide details of any persons who, in your opinion, **was** most likely financially dependent on the deceased at their time 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 provide details of any persons (not listed above) that you are aware of who received regular payments from the deceased that they **may have relied on** for their maintenance (excluding employees)

Person 1

Title and surname

First names

Cell phone number + (0)

Email address

Relationship to deceased

Value of support R

Person 2

Title and surname

First names

Cell phone number + (0)

Email address

Relationship to deceased

Value of support R

Person 3

Title and surname

First names

Cell phone number + (0)

Email address

Relationship to deceased

Value of support R

Person 4

Title and surname

First names

Cell phone number + (0)

Email address

Relationship to deceased

Value of support R

Person 5

Title and surname

First names

Cell phone number + (0)

Email address

Relationship to deceased

Value of support R

9. 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.

10. 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.

11. Supporting documents

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

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

- Letters of executorship or letters of authority (if issued)
- Power of attorney in favour of a third party (if applicable)
- The Will (if testate)
- The provisional or final liquidation and distribution account (if available)

12. Declarations 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

Signature

Date D D M M Y Y Y Y

Name

Capacity

Nedgroup Investments

Nedbank Clocktower Clocktower Precinct V&A Waterfront Cape Town 8001 PO Box 1510 Cape Town 8000 South Africa

Nedgroup Investments Proprietary Limited (Company registration number 1996/017075/07)
Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07)
Nedgroup Investment Advisors Proprietary Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP licence number 1652)

Directors: NA Andrew, RC Williams

www.nedgroupinvestments.com