# Death claim

## Retirement Funds

Request for information from deceased's spouse

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 a spouse**

Spouse is a person in a recognized marriage, including civil unions and customary marriages with the deceased at the date of death. A person in a permanent relationship similar to that of a marriage is not a spouse, but a life partner and must complete the life partner form.

### 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

## 4. Marital status

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

If **'No'**, please explain why you were living apart

If **'No'**, please provide the date from which you were living apart D D M M Y Y Y Y

**How were you married to the deceased?**

Married in terms of the Marriage Act, 1961, or Civil Union Act, 2006, or laws of another country ☐ Yes ☐ No

Married in terms of customary law or the Customary Marriages Act, 1988 ☐ Yes ☐ No

Married in accordance with the terms of a religion ☐ Yes ☐ No

How were you married? ☐ In Community of Property ☐ Antenuptial Contract (with accrual) ☐ Antenuptial Contract (without accrual)

How many times has the deceased been married?

How many times has the deceased been divorced?

Did the deceased have more than one living spouse and/or life partner as at the 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

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. Details about your occupation

What is your highest level of education?

Are you currently? ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Other

If **'Other'**, please explain

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

Occupation

Employer

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

Course

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

## 7. Income and expenses

| **Current income** | Your current income from all sources | Your income as at date of deceased's death | The deceased income from all sources prior to death |
|---|---|---|---|
| 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 at date of deceased's death | The deceased deductions prior to death |
|---|---|---|---|
| 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 |
| **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 the deceased paid for prior to death? |
|---|---|---|---|
| **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 |

**Value of benefits received / likely to be received from a trust**

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

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)
- Marriage certificate, lobola letter or proof of customary marriage
- The deceased's pay slip for the month prior to death (if applicable)
- The deceased's last tax return
- The deceased's last set of financial statements (if self-employed)
- Proof of financial support you receive from others

B. In addition to A above, if you are employed or earn other income, please provide a copy of:
- 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 are a student, please provide a copy of:
- 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

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