Death claim

Retirement Funds

Notification of death

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. Please complete and return to us together with a copy of the death certificate 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. 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 person completing this form

Title and surname

First names

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Please confirm your relationship to the deceased

Will you be our contact to assist with queries in this matter? ☐ Yes ☐ No

If **'No'**, please provide details of the person who we should contact.

Title and surname

First names

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Please confirm their relationship to the deceased

3. Details of deceased member

Investor number

SA ID number

Title and surname

First names

Residential address at date of death

Code

Country South Africa

If other

Cause of death

Is the death being investigated by the police? ☐ Yes ☐ No

If **'Yes'**, why is the death being investigated by the police?

Marital status at time of death ☐ Single ☐ Engaged ☐ Married ☐ Life partner ☐ Separated ☐ Widowed ☐ Divorced ☐ Other

If **'Other'**, please explain

Does the deceased have a Will? ☐ Yes ☐ No

Was the deceased registered to pay tax in South Africa? ☐ Yes ☐ No

If **'Yes'**, please provide their South African tax number:

Occupation prior to death

Only complete if employed (or self-employed) at date of death

Employer at date of death

If self-employed, name of business

Employer contact person name

Employer contact person contact number + (0)

Employer contact person email address

Details of the person dealing with the deceased's estate

Is the person dealing with the estate different from the person completing this form? ☐ Yes ☐ No

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

Title and surname

First names

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

4. Details of deceased member's spouse and/or life partner at date of death

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.

How many people was the deceased married to at date of death?

How many life partners did the deceased have at date of death?

Was the deceased and spouse and/or life partner separated at time of death? ☐ Yes ☐ No

Was the deceased engaged to be married at time of death? ☐ Yes ☐ No

Please provide details of the above people

Person 1

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Person 2

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Person 3

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Person 4

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

5. Details of deceased member's previous spouse and/or life partner

How many **previous** marriages did the deceased have at date of death?

How many of these marriages ended in divorce?

How many **previous** life partners did the deceased have at date of death?

Please provide details of **living** persons to whom the deceased was **previously** married to or cohabiting with as a life partner

Person 1

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Person 2

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Person 3

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Person 4

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y

What was the relationship to the deceased?

Please provide details of **deceased** persons to whom the deceased was **previously** married to or cohabiting with as a life partner

Person 1

Title and surname

First names

Date of death D D M M Y Y Y Y

Person 2

Title and surname

First names

Date of death D D M M Y Y Y Y

Person 3

Title and surname

First names

Date of death D D M M Y Y Y Y

Person 4

Title and surname

First names

Date of death D D M M Y Y Y Y

6. Details of deceased's children (including legally adopted)

Did the deceased have children whether biological and/or adopted? ☐ Yes ☐ No

If **'Yes'**, how many children in total did the deceased have?

Please provide details of all **living** children **younger** than 18

Child 1

Title and surname

First names

Date of birth D D M M Y Y Y Y

Guardian name

Guardian contact number + (0)

Guardian email address

Child 2

Title and surname

First names

Date of birth D D M M Y Y Y Y

Guardian name

Guardian contact number + (0)

Guardian email address

Child 3

Title and surname

First names

Date of birth D D M M Y Y Y Y

Guardian name

Guardian contact number + (0)

Guardian email address

Child 4

Title and surname

First names

Date of birth D D M M Y Y Y Y

Guardian name

Guardian contact number + (0)

Guardian email address

Child 5

Title and surname

First names

Date of birth D D M M Y Y Y Y

Guardian name

Guardian contact number + (0)

Guardian email address

Child 6

Title and surname

First names

Date of birth D D M M Y Y Y Y

Guardian name

Guardian contact number + (0)

Guardian email address

Please provide details of all **living** children aged 18 and **older**

Child 1

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this child married? Yes No

Child 2

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this child married? Yes No

Child 3

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this child married? Yes No

Child 4

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this child married? Yes No

Child 5

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this child married? Yes No

Child 6

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this child married? Yes No

Please provide details of all **deceased** children

Child 1

Title and surname

First names

Date of death D D M M Y Y Y Y

Child 2

Title and surname

First names

Date of death D D M M Y Y Y Y

Child 3

Title and surname

First names

Date of death D D M M Y Y Y Y

Child 4

Title and surname

First names

Date of death D D M M Y Y Y Y

7. Details of parents of deceased member

Mother

Is the deceased's mother alive? ☐ Yes ☐ No

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

Title and surname

First names

Date of birth D D M M Y Y Y Y

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Can we contact this parent directly? ☐ Yes ☐ No

If **'No'**, please provide reason

If **'No'**, who should we contact to assist us to obtain information about/from the deceased's mother?

Title and surname

First names

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Relationship to deceased's mother

Father

Is the deceased's father alive? ☐ Yes ☐ No

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

Title and surname

First names

Date of birth D D M M Y Y Y Y

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Can we contact this parent directly? Yes No

If **'No'**, please provide reason

If **'No'**, who should we contact to assist us to obtain information about/from the deceased's father?

Title and surname

First names

Cell phone number (mandatory) + (0)

Alternative contact number + (0)

Email address (mandatory)

Relationship to deceased's father

8. Details of deceased's brothers and sisters

How many brothers and sisters did the deceased have?

Please provide details of all **living** brothers and sisters

Person 1

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 2

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 3

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 4

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 5

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 6

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 7

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

Person 8

Title and surname

First names

Cell phone number + (0)

Email address

Date of birth D D M M Y Y Y Y Is this person married? Yes No

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

Cell phone number + (0) Age

Email address

Relationship to deceased

Person 2

Title and surname

First names

Cell phone number + (0) Age

Email address

Relationship to deceased

Person 3

Title and surname

First names

Cell phone number + (0) Age

Email address

Relationship to deceased

Person 4

Title and surname

First names

Cell phone number + (0) Age

Email address

Relationship to deceased

Person 5

Title and surname

First names

Cell phone number + (0) Age

Email address

Relationship to deceased

Person 6

Title and surname

First names

Cell phone number + (0) Age

Email address

Relationship to deceased

10. Protection of Personal Information

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 documentation

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:

- The death certificate
- The marriage certificate, lobola letter or proof of customary marriage (if applicable)
- The Will
- Identity document or passport of spouse or life partner (if applicable)
- Identity documents, birth certificates or adoption papers of all living biological or adopted children of deceased (if applicable)
- The death certificate of any predeceased spouse/s (if applicable)

12. 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

Signature		Date	D D M M Y Y Y Y
Name		Capacity	

Nedgroup Investments

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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)

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www.nedgroupinvestments.com