

NOTIFICATION OF DEATH

To be completed by employer

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

DETAILS OF DECEASED

Pension Fund
 Provident Fund
 Pension & Provident Fund

Fund name: _____
 Employer: _____
 Full names: _____
 Surname: _____

ID or Passport number (if foreign national):
 Date of birth: D D M M Y Y Y Y

Postal address: _____
 Postal code:

Company employee number:
 Last contributing month: M M Y Y Y Y

Membership number:

DETAILS OF SALARY EARNED

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the Fund:

YEAR YYYY	SALARY
TOTAL	

Average salary for 5 years or lesser period, if employee employed for lesser period:

ON DEATH

The member's salary during the 12 months immediately preceding death. R

NOTE: Salary includes any amount received or receivable annually under a contract of service as well as cost of living allowances, commission, shares of profits etc. but not occasional bonuses or fees which were based on the discretion of the Directors of the Company.

DOCUMENTS REQUIRED FOR THE DISTRIBUTION OF BENEFITS

Refer to the for the documents required for the distribution of benefits.

NOTES:

Section 37C of the Pension Funds Act No.24 of 1956 sets out the requirements regarding payment of any benefit by a Fund upon the death of a member.

In terms of the Act, Trustees have a duty to ensure that the benefits are distributed fairly to dependants and nominees and to ensure that those financially dependant on the deceased are adequately provided for, before making any distribution to nominees.

The employer's recommendation must take into account the deceased member's expressed wishes as contained in the 'Beneficiary Nomination' form but fully understanding that such wishes are in no way binding on the Trustees who are bound to apply their minds to the matter before resolving how and to whom the benefit must be distributed. In applying their minds, the Trustees need to appreciate the legislated definition of a dependant, as follows:

1. a person for whom the member is legally liable for maintenance;
2. a person for whom the member is not legally liable for maintenance, if such person
 - 2.1. was, in the opinion of the Trustees, dependant on the deceased member for maintenance;
 - 2.2. is the spouse of a member (includes customary union);
 - 2.3. is the child of a member, including a posthumous child, an adopted child and an illegitimate child.

The employer must take cognisance of the obligations of the Trustees as set out above when making a recommendation.

Where there are no dependants, and the member designated in writing to the fund a nominee who is not a dependant of the member, to receive the benefit, the benefit will be paid to the nominee provided that where the aggregate of the amount of debts in the estate of the member exceeds the aggregate amount of assets in the estate, the shortfall will be paid before the nominee is paid.

CHECKLIST

ACTION AND DOCUMENTATION	COMPLETED
Notify AcraVEST of death as soon as you have been informed.	
Attach latest 'Beneficiary Nomination' form and copy of the deceased's will, if available.	
Attach 'Employer Recommendation' form and any additional information/documentation which will assist the Trustees in their decision when beneficiary form is not available.	
Attach certified copies of the death certificate (only computerized BI-5 is acceptable).	
Attach certified copies of the deceased member's identity document.	
Attach copy of the deceased member's last payslip (indicating weekly/monthly rate of pay).	
Attach certified copy of marriage certificate/customary union certificate (if deceased was married).	
Attach certified copy of spouse's identity document (if deceased was married).	
Attach certified copy of decree or divorce (if applicable).	
Attach certified copies of proof of identity for the deceased member's children (if any). This must preferably be in the form of an identity document, printed Home Affairs birth certificate.	
Attach certified copies of identity document of any other beneficiaries who were listed on the 'Beneficiary Nomination' form or who believe they are entitled to receive a benefit, e.g. a mother of a child of the deceased to whom he was not married; a sibling (brother or sister) of the deceased; or a parent of the deceased.	
Attach certified copies of appointed guardian of the minor child/children, if not natural parent by the Children's Court (this can be arranged by the guardian's local social welfare department and is a free service).	
Attach banking details, postal and residential addresses of all beneficiaries as well as proof of nominated bank accounts for all beneficiaries.	
Attach certified copies of the 'Notification/Register of Death/Stillbirth' form.	
In the case of an unnatural death, please attach a police or traffic report or a copy of the post mortem.	
Affidavit describing the relationship to the deceased and stating the level of dependency on the deceased. In the case of a minor we need an affidavit from the parent or guardian.	

PAYMENT DETAILS

Banking details for each beneficiary are to be included with the distribution documents. If these are not available at the time of completion, they must be forwarded separately with the necessary reference to this notice.

MEMBER'S TAX DETAILS

Income tax reference number

DETAILS OF EMPLOYER

Employer

PAYE reference number

Contact person

Telephone number

Postal address

Postal code

Physical address

Postal code

I hereby certify that the above information is true and correct in every detail.

Signature

Date

CLAIM/S AGAINST MEMBER'S BENEFIT

- To a financial institution in respect of a housing loan guarantee provided in terms of a contract
- Theft, dishonesty, fraud or misconduct by the member
- Court order

NOTE: Payment of a claim is only permissible subject to the following documents being attached:

- (a) Supporting documentation in respect of a housing loan;
- (b) Written admission of liability to the employer by the member or judgment against the member obtained in any court (including a magistrate's court) in the event of theft, dishonesty or misconduct;
- (c) The Court order in the event of a court order.

Amount of claim

Beneficiary

Account holder

Name of bank Branch

Account number Branch code

Account type

Please refer to the for a list of required documents.

NOTE: Payment will be delayed if any of the required documents are outstanding.



CONFIRMATION AND AUTHORISATION

- I hereby certify that the above information is true and correct in every detail and Acravest (Pty) Ltd is hereby authorised to make payment as stated above.
- I agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Acravest (Pty) Ltd and the fund of its liability in terms of the Rules of the Fund.

Signed on behalf of the employer

Designation

Date

D	D	M	M	Y	Y	Y	Y
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Company Stamp