

FundsAtWork Death claim form (Umbrella Funds death benefits)

Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The employer must complete this form and forward it to Momentum.

Please note that the processing of the claim is subject to the following conditions:

- The supporting documents must accompany the completed form and must be legible and photocopies must be clear.

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Note: Please note that the umbrella fund trustees will use this form as a guideline to decide to whom they must distribute the fund benefits.

Section 1: Deceased member's fund details

Name of fund	<input type="text"/>												
Employer name	<input type="text"/>												
Employee number	<input type="text"/>												
Salary on which the group life cover premium was based (if not the same as the pensionable salary)	R	<input type="text"/>											
Month of last contribution	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Annual salary before death	R	<input type="text"/>											
	Pension Fund					Provident Fund							
Amount of last member contribution	R	<input type="text"/>					R	<input type="text"/>					
Amount of last employer contribution	R	<input type="text"/>					R	<input type="text"/>					
Amount of last monthly additional voluntary contribution (if any)	R	<input type="text"/>					R	<input type="text"/>					
Comments (e.g. contributions proportioned/paid in advance):	<input type="text"/>												
	<input type="text"/>												

Section 2: Deceased member's personal details

Title	<input type="text"/>	Initials	<input type="text"/>																	
First name/s	<input type="text"/>																			
Surname	<input type="text"/>																			
Date of birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Date of death	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Marital status of the member at the time of death	<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Permanent Life Partner		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed											
Period of living together if applicable	<input type="text"/>																			
RSA ID	<input type="checkbox"/> Yes		<input type="checkbox"/> No		ID / Passport no	<input type="text"/>														
Passport country of origin	<input type="text"/>																			
Tax number	<input type="text"/>									Tax office	<input type="text"/>									
If the member was not registered for income tax, please select one of the following:	Site tax		<input type="checkbox"/>		Other		<input type="checkbox"/>													
If other, please specify	<input type="text"/>																			
Deceased member's last known residential address prior to death	<input type="text"/>																Postal code	<input type="text"/>		
Deceased member's last known residential residential address	<input type="text"/>																Postal code	<input type="text"/>		
Date of last salary increase on which life cover premium was based (If not the same as pensionable salary).	Approved		<input type="text"/>		-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Unapproved		<input type="text"/>		-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

Member number

Member number input field

Date of joining the employer

DD - MM - YYYY date input

Date of joining scheme

DD - MM - YYYY date input

Last day on which member was actively at work

DD - MM - YYYY date input

Was the member in receipt of a monthly disability income benefit immediately prior to death?

Yes No radio buttons

Last known Tel no: Home

Home telephone input

Cellphone

Cellphone input

Last known email address

Email address input

*Salary on which the cover premium was based (if not the same as pensionable salary)

Was the member on Momentum Health?

Yes No radio buttons

Section 3: Details of other policy payouts (where available)

Select option

Unapproved lump sum death benefit Individual life cover

Name of Insurer

Name of Insurer input

Benefit amount

Benefit amount input

Compete details of beneficiaries and allocations

Table with columns: Name, Relationship, Allocation for Unapproved lump sum death benefit and Individual life cover.

Select option

Unapproved lump sum death benefit Individual life cover

Name of Insurer

Name of Insurer input

Benefit amount

Benefit amount input

Compete details of beneficiaries and allocations

Table with columns: Name, Relationship, Allocation for Unapproved lump sum death benefit and Individual life cover.

Please provide proof of the benefits and allocation

Section 4: Spouse details

Please note that the Pension Funds Act defines a spouse to include a person who is the permanent life partner/spouse or civil union partner of a member in accordance with the Marriage Act, the Recognition of Customary Marriage Act or Civil Union Act, or tenets of a religion.

Full names of spouse

Full names of spouse input

Date of birth

DD - MM - YYYY date input

RSA ID

Yes No radio buttons

ID / Passport no

ID / Passport no input

Passport country of origin

Passport country of origin input

Type of marriage

Civil Customary union Permanent Life Partner Other religion radio buttons

Last known residential address of spouse

Last known residential address of spouse input

Postal code

Postal code input

Last known Tel no: Home

Home telephone input

Cellphone no

Cellphone no input

Last known email address

Last known email address input

Please indicate type of accommodation in which spouse resides

Owned Rented Living with parents Other radio buttons

If rented/owned please give details of rent/bond payments

R input field

Is the spouse employed?

Yes No radio buttons

If Yes, what is the spouse's monthly remuneration?

R input field

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please specify details of any other income R

If the spouse is not employed, to what extent did the deceased member support the spouse?

Is the spouse capable of managing his/ her own financial affairs? Yes No

If No, why not?

Section 4: Ex-spouse details

If the deceased member has an ex-spouse please indicate his/ her details. If there are more than one ex-spouses please provide details of all the ex-spouses below.

Was the deceased member previously married to anyone other than the person referred to above? Yes No

How many times has the deceased member been divorced?

1 - Full names of ex-spouse

Date of birth - -

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address

Postal code

Last known Tel no: Home Cellphone no

Last known email address

Date of divorce - -

Was the deceased maintaining the ex-spouse at the time of death or had the deceased agreed to maintain the ex-spouse? Yes No

How was support provided to the ex-spouse? Voluntarily Agreement Maintenance order Other

If Other, please provide details and attach proof

Monthly maintenance provided by deceased member R

Is the ex-spouse employed? Yes No If Yes, what is the ex-spouse's monthly remuneration? R

Has the ex-spouse remarried? Yes No

Is the ex-spouse capable of managing his/ her own financial affairs? Yes No

If No, why not?

Please indicate type of accommodation in which ex-spouse resides Owned Rented Living with parents Other

If rented/owned please give details of rent/bond payments R

If Other, specify

2 - Full names of ex-spouse

Date of birth - -

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address

Postal code

Last known Tel no: Home Cellphone no

Last known email address

Date of divorce - -

Was the deceased maintaining the ex-spouse at the time of death or had the deceased agreed to maintain the ex-spouse? Yes No

How was support provided to the ex-spouse? Voluntarily Agreement Maintenance order Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If Other, please provide details and attach proof

Monthly maintenance provided by deceased member R

Is the ex-spouse employed? Yes No If Yes, what is the ex-spouse's monthly remuneration? R

Has the ex-spouse remarried? Yes No

Is the ex-spouse capable of managing his/ her own financial affairs? Yes No

If No, why not?

Please indicate type of accommodation in which ex-spouse resides Owned Rented Living with parents Other

If rented/owned please give details of rent/bond payments R

If Other, specify

3 - Full names of ex-spouse

Date of birth DD - MM - YYYY

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address
 Postal code

Last known Tel no: Home Cellphone no

Last known email address

Date of divorce DD - MM - YYYY

Was the deceased maintaining the ex-spouse at the time of death or had the deceased agreed to maintain the ex-spouse? Yes No

How was support provided to the ex-spouse? Voluntarily Agreement Maintenance order Other

If Other, please provide details and attach proof

Monthly maintenance provided by deceased member R

Is the ex-spouse employed? Yes No If Yes, what is the ex-spouse's monthly remuneration? R

Has the ex-spouse remarried? Yes No

Is the ex-spouse capable of managing his/ her own financial affairs? Yes No

If No, why not?

Please indicate type of accommodation in which ex-spouse resides Owned Rented Living with parents Other

If rented/owned please give details of rent/bond payments R

If Other, specify

Section 5: Details of children

Please list all living children which will include biological, adoptive or illegitimate children or children born after the deceased member's death. Where there are more than 4 children, please list information of other children on a separate page.

1. Full name

Date of birth DD - MM - YYYY

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address of child
 Postal code

Last known Tel no: Home Cellphone no

Last known email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Permanent Life Partner Divorced Widowed

What is the financial position of the child?

Did the child live in the same household as the deceased? Yes No

If No, in whose care was the child? Guardian Caregiver Other

If Other, specify

Is the child now in the custody of the parent? Yes No

If No, who is caring for the child now? Guardian Caregiver Other

If Other, specify

Details of person caring for the child

Name

Date of birth D D - M M - Y Y Y Y

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address

Postal code

Last known Tel no: Home Cellphone

Last known email address

Is this person employed? Yes No If Yes, what is his/ her monthly remuneration? R

Is this person capable of managing his/ her own financial affairs? Yes No

If No, why not?

2. Full name

Date of birth D D - M M - Y Y Y Y

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address of child

Postal code

Last known Tel no: Home Cellphone no

Last known email address

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Permanent Life Partner Divorced Widowed

What is the financial position of the child?

Did the child live in the same household as the deceased? Yes No

If No, in whose care was the child? Guardian Caregiver Other

If Other, specify

Is the child now in the custody of the parent? Yes No

If No, who is caring for the child now? Guardian Caregiver Other

If Other, specify

Details of person caring for the child

Name

Date of birth D D - M M - Y Y Y Y

RSA ID Yes No ID / Passport no

Passport country of origin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last known residential address

Postal code

Last known Tel no: Home Cellphone

Last known email address

Is this person employed? Yes No If Yes, what is his/ her monthly remuneration? R

Is this person capable of managing his/ her own financial affairs? Yes No

If No, why not?

3. Full name

Date of birth - -

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address of child

Postal code

Last known Tel no: Home Cellphone no

Last known email address

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Permanent Life Partner Divorced Widowed

What is the financial position of the child?

Did the child live in the same household as the deceased? Yes No

If No, in whose care was the child? Guardian Caregiver Other

If Other, specify

Is the child now in the custody of the parent? Yes No

If no, who is caring for the child now? Guardian Caregiver Other

If Other, specify

Details of person caring for the child

Name

Date of birth - -

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address

Postal code

Last known Tel no: Home Cellphone

Last known email address

Is this person employed? Yes No If Yes, what is his/ her monthly remuneration? R

Is this person capable of managing his/ her own financial affairs? Yes No

If No, why not?

4. Full name

Date of birth - -

RSA ID Yes No ID / Passport no

Passport country of origin

Last known residential address of child

Postal code

Last known Tel no: Home	<input type="text"/>	Cellphone no	<input type="text"/>
Last known email address	<input type="text"/>		
Occupation	School / University <input type="checkbox"/>	Part-Time studies and working <input type="checkbox"/>	Working <input type="checkbox"/> Other <input type="checkbox"/>
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Permanent Life Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
What is the financial position of the child?	<input type="text"/>		
Did the child live in the same household as the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If No, in whose care was the child?	Guardian <input type="checkbox"/>	Caregiver <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, specify	<input type="text"/>		
Is the child now in the custody of the parent?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, who is caring for the child now?	Guardian <input type="checkbox"/>	Caregiver <input type="checkbox"/>	Other <input type="checkbox"/> <input type="text"/>
If Other, specify	<input type="text"/>		

Details of person caring for the child

Name	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID / Passport no	<input type="text"/>
Passport country of origin	<input type="text"/>		
Last known residential address	<input type="text"/>		Postal code <input type="text"/>
Last known Tel no: Home	<input type="text"/>	Cellphone	<input type="text"/>
Last known email address	<input type="text"/>		
Is this person employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is his/ her monthly remuneration?	R <input type="text"/>
Is this person capable of managing his/ her own financial affairs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, why not?	<input type="text"/>		
	<input type="text"/>		

Section 6: Other financial dependants

(people whom the deceased member supported financially on a regular basis – e.g. mother, father, grandmother, grandfather, sister, uncle, etc)

If there are more than three financial dependants, please provide details of the other financial dependants on a separate page.

1. Full name	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID / Passport no	<input type="text"/>
Passport country of origin	<input type="text"/>		
Relationship to deceased member	<input type="text"/>		
What was the extent of the person's dependency on the deceased member and how did the deceased provide the financial support?	<input type="text"/>		
	<input type="text"/>		
Last known residential address	<input type="text"/>		Postal code <input type="text"/>
Last known Tel no: Home	<input type="text"/>	Cellphone	<input type="text"/>
Last known email address	<input type="text"/>		
Please indicate type of accommodation in which the person resides	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Living with parents <input type="checkbox"/> Other <input type="checkbox"/>
If rented/owned, please give details of rent/bond payments			R <input type="text"/>
Is the person employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is his/ her monthly remuneration?	R <input type="text"/>

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is the person capable of managing his/ her own financial affairs?

Yes No

If No, why not?

2. Full name

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RSA ID

Yes No

ID / Passport no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport country of origin

Relationship to deceased member

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Last known residential address

Postal code

Last known Tel no: Home

Cellphone

Last known email address

Please indicate type of accommodation in which the person resides

Owned Rented Living with parents Other

If rented/owned, please give details of rent/bond payments

R

Is the person employed?

Yes No

If Yes, what is his/ her monthly remuneration?

R

Is the person capable of managing his/ her own financial affairs?

Yes No

If No, why not?

3. Full name

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RSA ID

Yes No

ID / Passport no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport country of origin

Relationship to deceased member

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Last known residential address

Postal code

Last known Tel no: Home

Cellphone

Last known email address

Please indicate type of accommodation in which the person resides

Owned Rented Living with parents Other

If rented/owned, please give details of rent/bond payments

R

Is the person employed?

Yes No

If Yes, what is his/ her monthly remuneration?

R

Is the person capable of managing his/ her own financial affairs?

Yes No

If No, why not?

Section 7: Nominated beneficiaries

Did the deceased member complete a beneficiary nomination form?

Yes No

If Yes, please submit the nomination form as well.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 8: Estate arrangements

If no dependants can be traced within twelve months of the death of the member and the estate is insolvent, the benefit will first be applied towards making the estate solvent before any benefit is paid to any nominees. Only that portion which exceeds the net liabilities of the estate is payable to the nominees.

Is the estate solvent?

Yes

No

If Yes, please provide proof of solvency

If No, please provide details

Details of executor of estate

Full name

Address

Postal code

Tel no: Home

Cellphone

Email address

Account holder's name

Name of bank

Branch name

Branch code

Account number

Account type

Current/Cheque

Transmission

Savings

Section 9: Additional information

Please provide information regarding family circumstances which you think that the trustees should consider to assist them in the distribution of the fund benefits.

Section 10: Deductions

The following amounts can be deducted from the retirement savings account at disinvestment

- Exceptions permitted in terms of section 37A and section 37D of the Pension Funds Act in respect of maintenance payments or divorce orders endorsed against the Fund, entitling the non-member spouse to a portion of the member benefit.

Maintenance order

Yes

No

If yes, please provide maintenance order

Divorce order

Yes

No

If yes, please provide a copy of the divorce order.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 11: Indebtedness to employer (to be completed by the participating employer)

In terms of Section 37D of the Pension Funds Act, a member's benefit may be reduced -

- if the member has caused damages to the employer as a result of fraud, theft, dishonesty or misconduct. The member must have admitted to the liability in writing or there must have been a compensatory court order that has been obtained ordering the member to repay the damages to the employer. The employer must inform the Fund in writing of a potential claim against an employee. Please provide proof of the court order obtained or the written admission of liability by the member.
- if the employer granted a loan to the member for purposes of a housing loan as mentioned in Section 19(5)(a) of the Pension Funds Act. Please provide proof of such loan agreement.

Damages caused to the employer

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Amount to be deducted in favour of the employer for damages

R	<input type="text"/>
---	----------------------

Housing loan provided to the member by the employer

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Amount to be deducted for the outstanding Housing loan amount

R	<input type="text"/>
---	----------------------

The recovery of personal indebtedness to the employer (such as personal loans, cell phone costs, etc) is not permitted

Section 12: Declaration by employer

I (Full names)

hereby certify that:

- The deceased was a member of the fund at the date of their death;
- All particulars furnished in this form and accompanying documentation to the best of my knowledge are true and correct; and
- I have made every effort to comply with the requirements stipulated in this document.

I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.

I agree that Momentum Corporate may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.

[Click here to read the full consent document.](#)

Designation

Signature on behalf of employer

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Official stamp of employer

Completed form to be faxed to 012 675 3970 or emailed to momentumcorporateclient@momentum.co.za.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via Momentum.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.

Momentum Metropolitan Life Limited 268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046
South Africa 102 Rivonia Rd EY Building Tower 2 Sandton 2196 PO Box Sandton South Africa
Tel +0860 65 75 85 Fax +27 (0)12 675 3970 Parc du Cap 4 Mispel Road Bellville Cape Town 7530
PO Box 2212 Bellville 7535 South Africa Tel +27 (0)21 940 5911 Fax +27 (0)21 940 4320
momentumcorporateclient@momentum.co.za www.momentum.co.za/fundsatwork

Momentum Corporate is a part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider
Reg. No. 1904/002186/06

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Annexure A: Relationship and dependency supporting evidence table

Apart from the listed evidence in the table below, for every potential beneficiary –

- a copy of ID or birth certificate in the case of a minor is required, and
- the bank verification process must serve as evidence that the beneficiary is still alive on the benefit payment date, unless an annuity is purchased for the beneficiary or the beneficiary's portion is transferred to a trust, beneficiary fund, unclaimed benefit fund or a third-party's bank account, in which case the administrator must first establish whether the beneficiary is still alive on the date of payment.

Beneficiary Classification	Dependant Type	Documentation/Evidence	
		Same household as deceased	Different household than deceased
Spouse (includes same sex marriages, customary marriages for which evidence is provided and marriages according to tenets of religion)	Legal	<ul style="list-style-type: none"> • Civil marriage <ul style="list-style-type: none"> • Marriage certificate • Tenets of religion <ul style="list-style-type: none"> • Certificate issued by the religious council • Customary marriage <ul style="list-style-type: none"> • Registration certificate ito Recognition of Customary Marriages Act OR • Lobola letter or letter from traditional authority recognised by Government • Evidence that lobola was paid • Evidence of marriage celebration • Affidavits from both families confirming the marriage was concluded • Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status 	<ul style="list-style-type: none"> • Civil marriage <ul style="list-style-type: none"> • Marriage certificate • Tenets of religion <ul style="list-style-type: none"> • Certificate issued by the religious council • Customary marriage <ul style="list-style-type: none"> • Registration certificate ito Recognition of Customary Marriages Act OR • Lobola letter or letter from traditional authority recognised by Government • Evidence that lobola was paid • Evidence of marriage celebration • Affidavits from both families confirming the marriage was concluded • Explanation for not living in the same household • Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status • 6 months' bank statements as evidence that deceased supported financially or other evidence such as a lease agreement in deceased's name and deceased's bank statement confirming payments were made by him. • If no evidence of financial support is available, affidavits by at least 2 family members of the deceased confirming the financial support, will be considered
Permanent Life partner (includes same sex relationships and customary marriages for which evidence is not provided)	Non-legal	<ul style="list-style-type: none"> • Evidence of life partnership or affidavits from both sides of the family confirming the partnership • Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status 	<ul style="list-style-type: none"> • Evidence of life partnership or affidavits from both sides of the family confirming the partnership • Explanation for not living in the same household • Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status • 6 months' bank statements as evidence that deceased supported financially or other evidence such as a lease agreement in deceased's name and deceased's bank statement confirming payments were made by him • If no evidence of financial support is available, affidavits by at least 2 family members of the deceased confirming the financial support, will be considered
Cohabitee	Non-legal	<ul style="list-style-type: none"> • Cohabitation agreement or affidavits from relatives or friends of both parties confirming the cohabitation • Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status 	<ul style="list-style-type: none"> • Not applicable

Beneficiary Classification	Dependant Type	Documentation/Evidence	
		Same household as deceased	Different household than deceased
Separated spouse (dependent on deceased)	Legal	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Civil marriage <ul style="list-style-type: none"> Marriage certificate Tenets of religion <ul style="list-style-type: none"> Certificate issued by the religious council Customary marriage <ul style="list-style-type: none"> Registration certificate into Recognition of Customary Marriages Act OR Lobola letter or letter from traditional authority recognised by Government Evidence that lobola was paid Evidence of marriage celebration Affidavits from both families confirming the marriage was concluded Explanation for not living in the same household Confirmation of date of separation from both sides of the family and/or children of the deceased Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status 6 months' bank statements as evidence that deceased supported financially or other evidence such as a lease agreement in deceased's name and deceased's bank statement confirming payments were made by him If no evidence of financial support is available, affidavits by at least 2 family members of the deceased confirming the financial support, will be considered Maintenance order, if applicable
Separated spouse (not dependent on deceased)	Legal	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Confirmation from separated spouse that she was not factually dependent on deceased or if she claims to have been factually dependent on the deceased, but cannot provide evidence nor affidavits from 2 family members of the deceased to support dependency
Ex-spouse with a maintenance order	Legal	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Copy of divorce decree and settlement order 6 months' bank statements if the dependency claim is higher than the amount reflected in the settlement order or a current maintenance order Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status
Ex-spouse without a maintenance order (dependent on deceased)	Non-Legal	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Copy of divorce decree and settlement order 6 months' bank statements as evidence that deceased supported financially or other evidence such as a lease agreement in deceased's name and deceased's bank statement confirming payments were made by him If no evidence of financial support is available, affidavits by at least 2 family members of the deceased confirming the financial support, will be considered Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status
Fiancé/Fiancée	Future dependant	<ul style="list-style-type: none"> Not applicable – a fiancé/fiancée that lived with the deceased must be classified a permanent life partner 	<ul style="list-style-type: none"> Evidence of the engagement or affidavits from both sides of the family confirming the engagement If deceased supported her financially, 6 months' bank statements as evidence that deceased supported financially or other evidence such as a lease agreement in deceased's name and deceased's bank statement confirming payments were made by him If no evidence of financial support is available, affidavits by at least 2 family members of the deceased confirming the financial support, will be considered Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status

Beneficiary Classification	Dependant Type	Documentation/Evidence	
		Same household as deceased	Different household than deceased
Girlfriend/boyfriend	Non-legal	<ul style="list-style-type: none"> Living with the deceased less than 9 months and prior to moving in was in a relationship shorter than 1 year, categorised as girlfriend/boyfriend – family and friends of deceased to confirm the relationship in affidavits Although this person's projected term of dependency will be less than that of a spouse or life partner, the level of dependency on the deceased at date of death will be the same Copy of payslip or affidavit confirming pension income, SASA grant or unemployment status 	<ul style="list-style-type: none"> Confirmation from girlfriend/boyfriend that they did not live together If deceased supported her financially, 6 months' bank statements as evidence that deceased supported financially or other evidence such as a lease agreement in deceased's name and deceased's bank statement confirming payments were made by him If no evidence of financial support is available, affidavits by at least 2 family members of the deceased confirming the financial support, will be considered
Minor child	Legal	<ul style="list-style-type: none"> To confirm paternity, <ul style="list-style-type: none"> 2 affidavits from the family of the deceased of which 1 must preferably come from the spouse confirming the paternity OR unabridged birth certificate AND/OR DNA test confirming paternity depending on the merits of each case If adopted, adoption papers If child is disabled, a specialist report not older than 1 year confirming disability 	<ul style="list-style-type: none"> To confirm paternity, <ul style="list-style-type: none"> 2 affidavits from the family of the deceased of which 1 must preferably come from the spouse confirming the paternity OR unabridged birth certificate AND/OR DNA test confirming paternity depending on the merits of each case If adopted, adoption papers If applicable, copy of maintenance order If child is disabled, a specialist report not older than 1 year confirming disability
Minor other children (stepchild, child of siblings and other family members/foster child, etc)	Non-legal	<ul style="list-style-type: none"> Confirmation of his relationship to the deceased Explanation as to why the deceased's supported him Confirmation of maintenance being received from the child's other parent If child is disabled, a specialist report not older than 1 year confirming disability 	<ul style="list-style-type: none"> Confirmation of his relationship to the deceased Explanation as to why the deceased's supported him Confirmation of maintenance being received from the child's other parent Evidence that deceased supported the child (no affidavits) If child is disabled, a specialist report not older than 1 year confirming disability
Major child (not factually dependent)	Non-legal	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Confirmation from the child that he was not factually dependent on the deceased.
Major child (factually dependent)	Legal	<ul style="list-style-type: none"> If paternity is questioned, <ul style="list-style-type: none"> 2 affidavits from family of the deceased of which 1 must preferably come from the spouse confirming the paternity OR unabridged birth certificate AND/OR DNA test confirming paternity depending on the merits of each case If adopted, adoption papers If necessary, evidence that the deceased supported the child If a student, enrolment confirmation from tertiary institution – confirming child is enrolled, course name and term and current year of study If disabled, a specialist report not older than 1 year confirming disability If still in school, enrolment confirmation from school – confirming the child is enrolled and the grade the child is in If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status 	<ul style="list-style-type: none"> If paternity is questioned, <ul style="list-style-type: none"> 2 affidavits from family of the deceased of which 1 must preferably come from the spouse confirming the paternity OR unabridged birth certificate AND/OR DNA test confirming paternity depending on the merits of each case If adopted, adoption papers Evidence that deceased supported the child (no affidavits) If a student, enrolment confirmation from tertiary institution – confirming child is enrolled, course name and term and current year of study If disabled, a specialist report not older than 1 year confirming disability If still in school, enrolment confirmation from school – confirming the child is enrolled and the grade the child is in If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status If applicable, copy of maintenance order

Beneficiary Classification	Dependant Type	Documentation/Evidence	
		Same household as deceased	Different household than deceased
Major other children (stepchild, child of siblings and other family members/foster child, etc)	Non-legal	<ul style="list-style-type: none"> Confirmation of his relationship to the deceased Explanation as to why the deceased's supported him affidavits from other persons in the household or family of the deceased confirming the child lived with the deceased If necessary, evidence that the deceased supported the child If a student, enrolment confirmation from tertiary institution – confirming child is enrolled, course name and term and current year of study If disabled, a specialist report not older than 1 year confirming disability If still in school, enrolment confirmation from school – confirming the child is enrolled and the grade the child is in If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status 	<ul style="list-style-type: none"> Confirmation of his relationship to the deceased Explanation as to why the deceased's supported him Copy of payslip or affidavit stating unemployment status Evidence that deceased supported the child (no affidavits) Evidence that the deceased supported the child (no affidavits) If a student, enrolment confirmation from tertiary institution – confirming child is enrolled, course name and term and current year of study <ul style="list-style-type: none"> If disabled, a specialist report not older than 1 year confirming disability If still in school, enrolment confirmation from school – confirming the child is enrolled and the grade the child is in If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status
Parent	Legal or Non-Legal	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <ul style="list-style-type: none"> Confirmation from other family members of the deceased that the parent lived with him If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income 	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <ul style="list-style-type: none"> If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Evidence of financial support by the deceased or affidavits from 2 family members of the deceased confirming the dependency Maintenance order, if applicable Confirmation of the number of surviving siblings of the deceased (to be considered if future dependency is considered)
Parent of spouse/life partner/fiancée	Non-Legal	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> Confirmation from other family members of the deceased that the parent of the spouse/life partner lived with him If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Maintenance order, if applicable 	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Evidence of financial support by the deceased or affidavits from 2 family members of the deceased confirming the dependency Maintenance order, if applicable Confirmation of the number of surviving siblings of the spouse/life partner (to be considered if future dependency is considered)
Grandparent	Non-Legal	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> Confirmation from other family members of the deceased that the grandparent lived with him If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Maintenance order, if applicable 	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Evidence of financial support by the deceased or affidavits from 2 family members of the deceased confirming the dependency Maintenance order, if applicable Confirmation of the number of surviving siblings of the spouse/life partner (to be considered if future dependency is considered)

Beneficiary Classification	Dependant Type	Documentation/Evidence	
		Same household as deceased	Different household than deceased
Grandparent of spouse/life partner	Non-Legal	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> Confirmation from other family members of the deceased that the grandparent of the spouse/life partner lived with him If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Maintenance order, if applicable 	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> If employed, copy of payslip, otherwise affidavit confirming pension income, SASA grant or unemployment status or pension income Evidence of financial support by the deceased or affidavits from 2 family members of the deceased confirming the dependency Maintenance order, if applicable Confirmation of the number of surviving siblings of the spouse/life partner (to be considered if future dependency is considered)
Grandchild (deceased's and/or spouse's/life partner's - minor and major)	Non-Legal	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> Copy of payslip of parents, otherwise affidavit confirming unemployment status OR Copy of payslip of child, otherwise affidavit confirming pension income, SASA grant or unemployment status Explanation as to why the deceased's supported him Confirmation of maintenance being received from the child's parents If child is disabled, a specialist report not older than 1 year confirming disability If child's parents are deceased, affidavit from 2 family members of deceased 	<p>Note: There must be a need for support and the deceased must have been able to support.</p> <p>Support must first be claimed from nearer relatives.</p> <ul style="list-style-type: none"> Copy of payslip of parents, otherwise affidavit confirming unemployment status OR Copy of payslip of child, otherwise affidavit confirming pension income, SASA grant or unemployment status Explanation as to why the deceased's supported him and evidence of support (no affidavits) Confirmation of maintenance being received from the child's parents If child is disabled, a specialist report not older than 1 year confirming disability If child's parents are deceased, affidavit from 2 family members of deceased Evidence of financial support by the deceased or affidavits from 2 family members of the deceased confirming the dependency
Other dependent dependants	Non-Legal	Depending on the age and relationship with the deceased, a combination of the factors contained in this document for other dependants must be provided as evidence of factual dependency	Depending on the age and relationship with the deceased, a combination of the factors contained in this document for other dependants must be provided as evidence of factual dependency
Nominees	Non-Legal	Beneficiary nomination as prescribed in the Death Benefit Guidelines	Beneficiary nomination as prescribed in the Death Benefit Guidelines