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## Section 1: Scheme details

Name of fund	<input type="text"/>																			
Employer name	<input type="text"/>																			
Employee number	<input type="text"/>																			
Employment type	<input type="checkbox"/> Salaried			<input type="checkbox"/> Commission			<input type="checkbox"/> Wage earner													
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"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y													
Deceased's annual salary before their death	R	<input type="text"/>																		

**Note: The section below is applicable for approved benefits only**

	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 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"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Date of death	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y			
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	<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's last known residential address prior to death	<input type="text"/>																							
											Postal code	<input type="text"/>												
Deceased's last known residential address 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"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Unapproved		<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
Date of joining the employer	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Date of joining scheme		<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y		
Last day on which member was actively at work	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y														
Was the member in receipt of a monthly disability income benefit immediately prior to death?	<input type="checkbox"/> Yes		<input type="checkbox"/> No																					
Last known Tel no: Home	<input type="text"/>					Cellphone no		<input type="text"/>																
Last known email address	<input type="text"/>																							
*Salary on which the cover premium was based (if not the same as pensionable salary)																								
Was the member on Momentum Health?	<input type="checkbox"/> Yes		<input type="checkbox"/> No																					

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**PART A: Approved death benefit**

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

Select option	Unapproved lump sum death benefit			Individual life cover		
Name of Insurer						
Benefit amount						
Compete details of beneficiaries and allocations	Name	Relationship	Allocation	Name	Relationship	Allocation

Select option	Unapproved lump sum death benefit			Individual life cover		
Name of Insurer						
Benefit amount						
Compete details of beneficiaries and allocations	Name	Relationship	Allocation	Name	Relationship	Allocation

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 or 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

Date of birth

RSA ID  Yes  No  ID / Passport no

Passport country of origin

Type of marriage  Civil  Customary union  Permanent Life Partner  Other religion

Last known residential address of spouse

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

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

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

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

Please specify details of any other income

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

Is the spouse capable of managing their own financial affairs?  Yes  No

If No, why not?

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#### Section 4: Ex-spouse details (continued)

If the deceased has an ex-spouse who is still alive please indicate their details. If there are more than one ex-spouse please provide details of all the ex-spouses on a separate page.

Was the deceased previously married to anyone other than the person referred to above?

Yes No 

How many times has the deceased been divorced?

Full names of ex-spouse

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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RSA ID

Yes No 

ID / Passport no

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Passport country of origin

Last known residential address of spouse

<input type="text"/>																	
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Postal code

<input type="text"/>																	
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Last known Tel no: Home

Cellphone no

<input type="text"/>																	
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Last known email address

<input type="text"/>																	
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Date of divorce

D	D	-	M	M	-	Y	Y	Y	Y
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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

<input type="text"/>																	
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Monthly maintenance provided by deceased

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 their own financial affairs?

Yes No 

If No, why not?

<input type="text"/>																	
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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

<input type="text"/>																	
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#### Section 5: Details of children

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

1. Full name

<input type="text"/>																	
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Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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RSA ID

Yes No 

ID / Passport no

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Passport country of origin

<input type="text"/>																	
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Last known residential address of child

<input type="text"/>																	
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Postal code

<input type="text"/>																	
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Last known Tel no: Home

Cellphone no

<input type="text"/>																	
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Last known email address

<input type="text"/>																	
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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?

<input type="text"/>																	
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Is the child in the custody of the parent?

Yes No 

If No, who is caring for the child?

Guardian Caregiver Other 

If Other, specify

<input type="text"/>																	
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**Details of person caring for the child**

Name

Date of birth

RSA ID  Yes  No  ID / Passport no

Passport country of origin

Address

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

Is this person employed?  Yes  No  If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs?  Yes  No

If No, why not?

2. Full name

Date of birth

RSA ID  Yes  No  ID / Passport no

Passport country of origin

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?

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

If No, who is caring for the child?  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

Address

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

Is this person employed?  Yes  No  If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs?  Yes  No

If No, why not?

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3. Full name

Date of birth

RSA ID  Yes  No ID / Passport no

Passport country of origin

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?

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

If No, who is caring for the child?  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

Address

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

Is this person employed?  Yes  No  If Yes, what is their monthly remuneration? R

Is this person capable of managing their 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

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?

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

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

If Other, specify

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**Details of person caring for the child**

Name

Date of birth  -  -

RSA ID  Yes  No  ID / Passport no

Passport country of origin

Address

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

Is this person employed?  Yes  No  If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs?  Yes  No

If No, why not?

**Section 6: Other financial dependants (continued)**

(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 and nominated beneficiaries, please provide details of the other financial dependants and nominated beneficiaries on a separate page.

1. Full name

Date of birth  -  -

RSA ID  Yes  No  ID / Passport no

Passport country of origin

Relationship to deceased

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

Last known address

Postal code

Last known Tel no: Home  Cellphone no

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 their monthly remuneration? R

Is the person capable of managing their own financial affairs?  Yes  No

If No, why not?

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

2. Full name

Date of birth   -   -

RSA ID  Yes  No  ID / Passport no

Passport country of origin

Relationship to deceased

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

Address   
 Postal code

Last known Tel no: Home  Cellphone no

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 their monthly remuneration?  R

Is the person capable of managing their 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

Relationship to deceased

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

Address   
 Postal code

Last known Tel no: Home  Cellphone no

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 their monthly remuneration?  R

Is the person capable of managing their own financial affairs?  Yes  No

If No, why not?



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## Section 7: Nominated beneficiaries

Did the 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 no

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 Umbrella Fund death benefits.







## Section 10: Recommendations by the employer for distribution of the Umbrella Fund death benefits

Please describe what steps have been taken to establish who all the dependants are, eg discussions with various family members, friends and colleagues.







Following a thorough investigation, I am satisfied that the information given in this form is true.

Section 37C of the Pension Funds Act governs the distribution of benefits on a member's death. This may result in the decision of the trustees not being strictly in accordance with the employer's recommendation.

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After obtaining all the relevant information, please make your recommendation below.

Name	Relationship	% share of benefit

Reasons for recommendation (please provide as much detail as possible)


**PART B: Unapproved death benefit**

**Section 11: Distribution of unapproved death benefit**

1. Title  First name

Surname

Relationship to member  % Share

Last known residential address

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

Name of payee

Account holder's name

Name of bank

Branch name  Branch code

Account number

Account type  Current/Cheque  Transmission  Savings

2. Title  First name

Surname

Relationship to member  % Share

Last known residential address

Postal code

Last known Tel no: Home  Cellphone no

Last known email address

Name of payee

Account holder's name

Name of bank

Branch name  Branch code

Account number

Account type  Current/Cheque  Transmission  Savings

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3. Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to member	<input type="text"/>	% Share	<input type="text"/>
Last known residential address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Last known Tel no: Home	<input type="text"/>	Cellphone no	<input type="text"/>
Last known email address	<input type="text"/>		
Name of payee	<input type="text"/>		
Account holder's name	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>		
Account type	<input type="checkbox"/>	Current/Cheque	<input type="checkbox"/>
		Transmission	<input type="checkbox"/>
		Savings	<input type="checkbox"/>

4. Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to member	<input type="text"/>	% Share	<input type="text"/>
Last known residential address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Last known Tel no: Home	<input type="text"/>	Cellphone no	<input type="text"/>
Last known email address	<input type="text"/>		
Name of payee	<input type="text"/>		
Account holder's name	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>		
Account type	<input type="checkbox"/>	Current/Cheque	<input type="checkbox"/>
		Transmission	<input type="checkbox"/>
		Savings	<input type="checkbox"/>

## Section 12: Deductions

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

- Housing loan provided to the member by the employer for which the Fund/s is/ are the guarantor.
- Exceptions permitted in terms of section 37A 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 and complete the divorce order form.

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### Section 13: 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 within 30 days after the employee's service was terminated. 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"/>
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Amount to be deducted in favour of the employer for damages

R	<input type="text"/>
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Housing loan provided to the member by the employer

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Amount to be deducted for the outstanding Housing loan amount

R	<input type="text"/>
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**The recovery of personal indebtedness to the employer (such as personal loans, cell phone costs, etc) is not permitted**

### Section 14: 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
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Official stamp of employer

Completed form to be faxed to 012 675 3970 or emailed to [momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za).

#### Notes for the education benefit under Family Protector

- The education benefits are applicable if the deceased had retirement benefits and group life cover under the Momentum FundsAtWork Umbrella Funds.
- The education benefit will be paid to an umbrella fund administrated by Fairheads Benefit Services. The beneficiary fund will manage the payment of the education costs.
- The benefit is equal to R10 000 per child with an overall maximum of R50 000 in respect of each child who is still receiving full-time education.

**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  
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[momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za) [www.momentum.co.za/fundsatwork](http://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

## Affidavit - Permanent Life Partner

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone no  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,**

Title  Full name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

was my permanent life partner since   -   -    , until the time of his or her death.

we were living together in a joint household which we mutually shared at

Residential address

Postal code

from   -   -     until the time of my partner's death   -   -

We were financially dependent on each other;

The financial dependent amount is R  per month

We have  children born from our "union" or jointly raised during our union namely

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"/>
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"/>
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"/>
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"/>
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"/>

We shared the following living expenses:

We jointly owned the following assets and liabilities:

Please provide specific detail/s that can objectively prove/substantiate the content of proof of your partner with supporting evidence on the following:

**Insurance policy**

I nominated my partner

Title  First name   
Surname   
as a beneficiary under my  insurance policy  
Policy Details

**Will and testament**

I nominated my partner/or my partner nominated me in our will under clause.

**Medical Aid**

I was covered under my partner's medical aid

Name of medical aid   
from  -  -  until the time of his/her death  -  -

OR My partner

Title  First name   
Surname   
was covered under my medical aid from  -  -  until the time of his/her death  -  -

**In addition, the following information confirms my relationship to the deceased**

Signed at

**Deponent**  **Date**

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

**Commissioner of Oaths**  **Date**

Title  First name   
Surname   
Address   
  
 Postal code

## Affidavit - For marriages concluded under tenets of any other religion

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone number  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,** Title  Full name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

was my husband/Wife since   -   -     , until the time of his or her death.

I confirm that our marriage was in terms of  Islamic law  Hindu law  Buddhist law  Other

The marriage was performed by: Title  First name

Surname

(Religious leader/ Designation)

Place

I attach a copy of a certificate issued by the authority (e.g. Muslim Judicial Council).

Signed at

**Deponent**

**Date**   -   -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

<b>Commissioner of Oaths</b>	<input type="text"/>	Date	<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"/>										

Title  First name

Surname

Address

Postal code





I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

<b>Commissioner of Oaths</b>	<input type="text"/>	Date	<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"/>

Title  First name

Surname

Address

Postal code

## Affidavit - Where child/ren surname differs

(To be completed by the parent not claiming)

**I, the undersigned**

Title  First name

Surname

RSA ID  Yes  No  ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address

Postal code

**My contact details are:**

Cellphone no  Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**I confirm the following:**

The deceased

Full Name

RSA ID  Yes  No  ID / Passport no

Passport country of origin

born on   -   -     was my biological child or my spouse's   child.

The deceased's surname was different from the members' due to the following reasons:

**I attach proof of the following showing that he/she was my child: (select whichever is applicable):**

- Medical aid certificate
- School fees receipts/statements;
- Beneficiary nomination form of any policy or product;
- Any other form of proof.

Signed at

**Deponent**

**Date**

-   -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at		<input type="text"/>											
<b>Commissioner of Oaths</b>		<input type="text"/>						Date					
		D	D	-	M	M	-	Y	Y	Y	Y		
Title	<input type="text"/>	First name	<input type="text"/>										
Surname	<input type="text"/>												
Address	<input type="text"/>												
	<input type="text"/>												
	<input type="text"/>										Postal code	<input type="text"/>	