

FundsAtWork death claim form (Umbrella Funds and unapproved death benefits)

Member number

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

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

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

- For unapproved benefits, please complete sections 1, 2, 12, 13 and 16.
- For fund benefits, please complete all the sections except section 12.
- For fund benefits and unapproved benefits, please complete the entire form.
- The supporting documents must accompany the completed form.
- All copies 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.

The FundsAtWork trustees will use this form as a guideline to decide who they must distribute the Umbrella Fund death benefit to.

Please attach the following documents if the deceased is a South African citizen:

Deceased member:

- Most recent beneficiary nomination form.
- Copy of will.
- An original or copy of the deceased's earnings/salary for the last two months before death (unapproved).
- Police report if the cause of death was due to unnatural causes, accompanied by an identity of body form.
- Details of the executor of the estate (see section 8).
- Details of other policy payouts (unapproved group life cover and/or individual life cover) (see section 2).
- Copy of medical aid card confirming dependants.
- Contact details of a co-worker to confirm dependants.

Spouse or ex-spouse:

- Proof of marriage/spouse: if it is a customary union or a marriage concluded under the tenets of any other religion, or a permanent life partner, the attached Momentum affidavit must be completed and signed before a Commissioner of Oaths.
- Copy/copies of divorce order(s), settlement agreement(s), court orders.
- Proof of income/latest payslip.

Guardian/caretaker:

- Proof of residence (water and lights statement or a letter from the councillor or tribal chief confirming residence).

Children:

- Proof of registration for children over 18 years who were financially dependent on the deceased.
- Affidavits by major children confirming and describing their financial dependency on the deceased in rand value.
- Proof of residence for children over 18 years (water and lights statement or a letter from the councillor or tribal chief confirming residence).
- Where a trust is to be set up on behalf of minors, a fully completed trust deed.

Other financial dependants:

- Affidavit confirming and describing their financial dependency on the deceased including rand value.

Please attach the following documents if deceased is a foreign national:

Deceased member:

- If the deceased passed away in South Africa, a certified copy of the handwritten abridged death certificate and a copy of the Notice of death/stillbirth (DHA-1663) form.
- If the deceased passed away outside of South Africa, a certified copy of the death certificate from the country in which they passed away. If it is not in English a translation must be obtained.
- Most recent beneficiary nomination form.
- Copy of will.
- An original or copy of the deceased's earnings/salary for the last two months before death (unapproved).
- Police report if the cause of death was due to unnatural causes.
- Details of the executor of the estate (see section 8).
- Details of other policy payouts (unapproved group life cover and/or individual life cover) (see section 2).
- Copy of medical aid card confirming dependants.
- Contact details of a co-worker to confirm dependants.

Spouse or ex-spouse:

- Copy/copies of marriage certificate(s), customary union certificate(s), or confirmation of customary marriage(s) from the tribal chief(s).
- Affidavit by permanent life partner confirming permanent life partnership.
- Copy/copies of divorce order(s), settlement agreement(s), court orders.
- Proof of income/latest payslip.

Guardian/caretaker:

- Copy of guardian/caretaker's ID/passport or back and front copies of ID card or birth certificate.
- Proof of residence (water and lights statement or a letter from the councillor or tribal chief confirming residence).

Children:

- Proof of full-time education for children over 18 years who were financially dependent on the deceased.
- Affidavit by major children confirming full description of financial dependency on the deceased in rand value.
- Proof of residence for children over 18 years (water and lights statement or a letter from the councillor or tribal chief confirming residence).
- Where a trust is to be set up on behalf of minors, a fully completed trust deed.

Other financial dependants:

- Affidavit confirming and describing their financial dependency on the deceased including rand value.

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

Section 1: Scheme details

Name of fund

Employer name

Employee number

Employment type Salaried Commission Wage earner

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

Month of last contribution -

Deceased's annual salary before their death R

Note: This section 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, eg, contributions proportioned/paid in advance:

Section 2: Deceased member's details

Title Initial(s)

First name(s)

Surname

Date of birth - - Date of death - -

Marital status of the member at the time of death Single Married Permanent life partner Divorced Widowed

Period living together

RSA ID Yes No ID/passport number

Passport country of origin

Tax number Tax office

If the member was not registered for income tax, please select one of the following: SITE tax Other

If other, please specify

Deceased's last known residential address prior to death Postal code

Deceased's last known residential address prior to death Postal code

Date of last salary increase on which life cover premium was based (if not the same as pensionable salary) Approved - - Unapproved - -

Date of joining the employer - - Date of joining scheme - -

Last day on which member was actively at work - -

Did the member receive a monthly income disability benefit immediately prior to death? Yes No

Last known home number Cellphone number

Last known email address

Did the member belong to Momentum Medical Scheme? Yes No

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

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's details

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 according to 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 DD - MM - YYYY

RSA ID Yes No ID/passport number

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 home number Cellphone number

Last known email address

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

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

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

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 their own financial affairs? Yes No

If no, why not?

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

Section 4: Ex-spouse's details

If the deceased has an ex-spouse who is still alive please provide 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
---	---	---	---	---	---	---	---	---	---

RSA ID

Yes

No

ID/passport number

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

Passport country of origin

Last known residential address of spouse

Postal code

Last known home number

Cellphone number

Last known email address

Date of divorce

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

Was the deceased maintaining the ex-spouse at the time of death or did they agree 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

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?

Please indicate type of accommodation in which ex-spouse lives

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

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

1. Full name

Date of birth

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

RSA ID

Yes

No

ID/passport number

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

Passport country of origin

Last known residential address of child

Postal code

Last known home number

Cellphone number

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 number

Passport country of origin

Address

Postal code

Last known home number Cellphone number

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 number

Passport country of origin

Residential address of child

Postal code

Last known home number Cellphone number

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 number

Passport country of origin

Address

Postal code

Last known home number Cellphone number

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?

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

3. Full name

Date of birth

RSA ID ID/passport number

Passport country of origin

Residential address of child

Postal code

Last known home number Cellphone number

Last known email address

Occupation

Marital status

What is the financial position of the child?

Is the child in the custody of the parent?

If no, who is caring for the child?

If other, specify

Details of person caring for the child

Name

Date of birth

RSA ID ID/passport number

Passport country of origin

Address

Postal code

Last known home number Cellphone number

Last known email address

Is this person employed? If yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs?

If no, why not?

4. Full name

Date of birth

RSA ID ID/passport number

Passport country of origin

Residential address of child

Postal code

Last known home number Cellphone number

Last known email address

Occupation

Marital status

What is the financial position of the child?

Is the child in the custody of the parent?

If no, who is caring for the child?

If other, specify

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

Details of person caring for the child

Name

Date of birth

RSA ID ID/passport number

Passport country of origin

Address

Postal code

Last known home number Cellphone number

Last known email address

Is this person employed? If yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs?

If no, why not?

Section 6: Other financial dependants

(people who the deceased member supported financially on a regular basis, eg, mother, father, grandmother, grandfather, sister, or uncle)

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

1. Full name

Date of birth

RSA ID ID/passport number

Passport country of origin

Relationship to deceased

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

Last known address

Postal code

Last known home number Cellphone number

Last known email address

Please indicate type of accommodation in which the person lives

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

Is the person employed? If yes, what is their monthly remuneration? R

Is the person capable of managing their own financial affairs?

If no, why not?

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

2. Full name

Date of birth

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

RSA ID

Yes		No	
-----	--	----	--

 ID/passport number

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

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 home number Cellphone number

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

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

RSA ID

Yes		No	
-----	--	----	--

 ID/passport number

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

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 home number Cellphone number

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?

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

Section 7: Nominated beneficiaries

Did the member complete a beneficiary nomination form?

Yes

No

If yes, please submit the beneficiary nomination form.

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 used to make the estate solvent before any benefit is paid to any nominees. Only the portion that 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

Home number

Cellphone number

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 about any family circumstances which you think that the trustees should consider to help them to distribute the Umbrella Fund death benefit.

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 according to the employer's recommendation.

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

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 home number Cellphone number

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 home number Cellphone number

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

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

3. Title First name

Surname

Relationship to member % share

Last known residential address

Postal code

Last known home number Cellphone number

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

4. Title First name

Surname

Relationship to member % share

Last known residential address

Postal code

Last known home number Cellphone number

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

Section 12: Deductions

These amounts can be deducted from the retirement savings amount at disinvestment:

- Housing loan provided to the member by the employer which is guaranteed by the Fund.
- Exceptions permitted in terms of section 37A of the Pension Funds Act for maintenance payments or divorce orders endorsed against the Fund, which entitles the non-member spouse to a portion of the member's benefit.

Maintenance order Yes No If yes, please provide the maintenance order.

Divorce order Yes No If yes, please provide a copy of the divorce order and complete the divorce order form.

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

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 be 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 housing loan to the member as mentioned in Section 19(5)(a) of the Pension Funds Act, please provide proof of such a 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

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

The recovery of personal indebtedness to the employer, such as personal loans and cellphone costs, is not permitted.

Section 14: Declaration by employer

I (full names)

certify that:

- The deceased was a member of the Fund at the date of their death;
- All the information provided in this form and the accompanying documentation are to the best of my knowledge 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 the information that I provide in this form. I understand that the information will be processed according to 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 Momentum's privacy notice.](#)

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.

Notes for the education benefit under Family Protector

- The education benefit applies if the deceased had retirement benefits and group life cover under the FundsAtWork Umbrella Funds.
- The education benefit will be paid to an umbrella beneficiary fund administrated by Fairheads Benefit Services. The fund will manage the payment of the education costs.
- The benefit is equal to R10 000 per child with a maximum of R50 000 for each child who still receives 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 email it to momentumcorporateclient@momentum.co.za.
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.

Affidavit - permanent life partner

I, the undersigned

Title First name

Surname

RSA ID Yes No ID/passport number

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 number

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 number

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 number

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

Commissioner of Oaths

Date

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

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		<input type="text"/>																			
Commissioner of Oaths		<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"/>																		Postal code	<input type="text"/>	

Affidavit - Where child/children surname differs
(To be completed by the parent not claiming)

I, the undersigned

Title First name

Surname

RSA ID Yes No ID/passport number

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.

I confirm the following:

The deceased

Full name

RSA ID Yes No ID/passport number

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

Commissioner of Oaths	<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