

Death Claim Form

Classic Retirement Annuity Fund, Classic Preservation Pension Plan,
Classic Preservation Provident Plan

INVESTMENT NUMBER/S

DECEASED'S FULL NAMES

DECEASED'S IDENTITY NUMBER

Please read the following information and instructions carefully before completing this form

1. This form must be completed by a family member, or any other person with personal knowledge of the deceased's circumstances.
2. This form, all annexures and supporting documents must be signed before a Commissioner of Oaths.
3. This form will be used by the trustees to assist them with their decision regarding the distribution of the benefit. Payment of benefits may be delayed if the relevant sections of this document are not completed, and/or if information provided is incomplete.
4. The distribution of death benefits is regulated in terms of section 37C of the Pension Funds Act, 24 of 1956. For your information, please see Annexure A with regard to section 37C of the Pension Funds Act, 24 of 1956.
5. With regard to all parties mentioned in this form, please complete the annexure below, which is applicable to the person and submit the documentation specified in each annexure together with the completed form:

- Annexure B: Details of deceased member
- Annexure C: Details of Executor/Executrix
- Annexure D: Marriage details and previous spouse/s details
- Annexure E: Children's details (whether they are major, minor and including any step, adopted children and children born out of wedlock)
- Annexure F: Other dependants' details
- Annexure G: Nominated beneficiaries' details

6. In the event that the deceased passed away as a result of an unnatural death, please provide the following documentation:

- Certified copy of the post mortem findings
- Certified copy of the police report

7. Additional information - Please provide any information regarding relevant circumstances which you believe the trustees should consider in order to assist them in the distribution of benefits. Detailed financial status of any person referred to in Annexures D, E and F would assist the trustees (should the space provided not be sufficient, please complete on a separate page).

NAME

SIGNATURE

ADDRESS

TELEPHONE

RELATIONSHIP TO DECEASED

SIGNED AT

ON THIS DAY - -

D D M M Y Y Y Y

Signed before a Commissioner of Oaths, the deponent having stated that the contents of this Affidavit are within his/her personal knowledge and the deponent has no objection to taking the Oath and considers it binding on his/her conscience.



Section 37C of the Pension Funds Act, 24 of 1956

A. When a member of a retirement fund passes away, the allocation of the benefits provided by the fund is placed under the control of the trustees of the fund. In terms of Section 37C of the Pension Funds Act 24 of 1956 ("the Act"), trustees are required to:

- Identify and trace dependants and nominated beneficiaries of deceased members,
- Make death benefit allocations on a fair basis,
- Determine the method of payment of the benefits; and
- Distribute the benefits.

The trustees have a discretion to pay the benefits to the deceased member's dependants and/or nominees (i.e. a non dependant who was nominated, in writing, by the deceased member) in such proportions as they deem fair.

B. In terms of the provisions of section 37C, any benefit (net of permissible deductions) payable by a fund on the death of a member will not form part of the deceased's estate but will be dealt with as follows:

- Allocation to dependants where no nominees: The trustees of the retirement fund may make an allocation to some or all of the dependants. The trustees have 12 months within which to trace dependants. The trustees are not necessarily required to wait 12 months so if, in their opinion, there are no concerns that further dependants may come forward, they may make payment prior to the expiry of the 12 month period. Once the 12 month period has elapsed, payment must be made.
- Allocation to nominees where there are no dependants: Where there are nominee(s) and the trustees do not become aware of any dependants within 12 months, the benefits will be paid to nominee(s) selected by the member in such proportions as awarded by the member. In the case of an insolvent estate, unpaid debts will be settled before allocations are made to nominees. The trustees are required to wait 12 months prior to payment
- Allocation to nominees and dependants: Where the member has a dependant or dependants and also has nominee(s) the trustees will determine a fair allocation to the dependant(s) and/or nominee(s). The trustees are not necessarily required to wait 12 months so if, in their opinion, there are no concerns that further dependants may come forward, they may make payment prior to the expiry of the 12 month period. Once the 12 month period has elapsed, payment must be made.
- What happens if there are no nominees or dependants? If the trustees are not able to trace any dependants and do not become aware of any within 12 months after the member has passed away, and there are no nominees, the benefits will be paid to the member's estate. The trustees are required to wait 12 months prior to payment.
- Payment to a trust or beneficiary fund: Under certain circumstances set out in the Act, the trustees may pay the benefit to a trust or a beneficiary fund. A trust is an entity which is regulated by the Master of the High Court. A beneficiary fund is regulated by the Financial Services Board and is a pension fund organisation. When benefits are paid into a trust or a beneficiary fund on behalf of the dependant or nominee, this is considered the same as paying the dependant or nominee directly.
- Payment to a trust may take place under the following circumstances:
 - If the trust was nominated by the deceased member;
 - If a major dependant or nominee nominates such a trust to receive his/her benefit;
 - If a person recognised in law or appointed by the court to manage the affairs of a minor or major nominee nominates such a trust.
- Payment to a beneficiary fund may take place should the trustees of the fund decide to make such a payment. They would have to show good reason for making such a payment, e.g. that the guardian of the minor dependants or nominees or a major dependant or nominee is not competent to manage the money. This aspect will form part of their investigation.

C. In summary the Act defines a dependant as any person:

- In respect of whom the deceased member was legally liable for maintenance (e.g. minor children of the member)
- Whom the deceased member was not legally liable to maintain, if such a person:
 - Was in the opinion of the Trustees, upon the member's death in fact dependent on the member for maintenance (e.g. a parent or other member of the family who is not self supporting).
 - Is the deceased member's spouse, which includes a person who was the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, 1961, the Recognition of Customary Marriages Act, 1998, the Civil Union Act, 2006, or the principles of a religion.
 - Is the deceased member's child, including a child born after the member's death, an adopted child and an illegitimate child, whether major or minor.
- In respect of whom the member would have become legally liable for maintenance had the member not died (e.g. unborn child and a fiancé).

D. To determine the allocation between dependant(s) and/or nominee(s), the trustees of the fund will take several factors into consideration, including, but not limited to:

- Preference in respect of persons of whom the deceased member had a legal liability to maintain
- The age of the dependants(s) / nominee(s)
- The person's relationship to and with the member
- The extent of the dependency
- The financial position of the dependant(s) or nominee(s)
- Any future earning potential and prospect of the dependant(s) or nominee(s)

E. As soon as the trustees have come to a decision, any party may object to the decision of the trustees provided that the objection is sent immediately to the trustees with supporting documentation and proof of why the party disagrees with the trustees' decision.

F. It is important to note the following:



- Once the trustees have reached their decision, written confirmation of the decision together with the options available to the beneficiaries, will be sent to the beneficiaries.
- In the event of a beneficiary electing to take a cash lump sum, income tax as determined by the South African Revenue Service, will be deducted before the benefit is paid to the beneficiary.
- While a person may be classified as a dependant or nominee, the trustees are not necessarily obliged to allocate benefits to them. The trustees are obliged to conduct all their investigations and to exercise their discretion in reaching a decision, within a twelve month period.
- In the event of divorce, should an agreement be in place stipulating that the non-member is entitled to a share of the member's benefits, these benefits will be payable to the non-member spouse on death of the member, provided that such benefits had not been paid to the non-member spouse previously.

ANNEXURE B

Details of deceased member

Please complete this annexure and provide the following supporting documentation:

- Certified copy of the death certificate
- Certified copy of the deceased's identity document
- Certified copy of the deceased's last will and testament

DATE OF DEATH - -

D D M M Y Y Y Y

ANNUAL GROSS INCOME FROM ALL SOURCES

MARITAL STATUS AT TIME OF DEATH: MARRIED DIVORCED WIDOW/WIDOWER NEVER MARRIED

OCCUPATION AT TIME OF DEATH

EXTENT OF THE ESTATE

(If the preliminary Liquidation and Distribution is available, please attach it)

Particulars of Employer:

NAME

ADDRESS

TELEPHONE

Details of retirement benefits with other fund:

FUND NAME:

EMPLOYER OR ADMINISTRATOR OF FUND:

ANNUITY/FUND MEMBER NUMBERS

TOTAL PROCEEDS OF ABOVE MENTIONED BENEFIT/POLICY

NAME OF DEPENDANTS AND/OR NOMINEES AND AMOUNT ALLOCATED TO EACH DEPENDANT: (IF SUCH DECISION HAS BEEN MADE ALREADY)

ANNEXURE D

Spouse(s), life partner(s) and previous spouse(s) details

A. If the deceased was married or had a life/same sex partner at the time of death, please complete the following information and submit the supporting documentation specified.

Spouse(s) or life partner(s)' details

FULL NAME

IDENTITY NUMBER

RELATIONSHIP AND/OR DATE MARRIED



PERMANENT RESIDENTIAL ADDRESS

POSTAL ADDRESS

TELEPHONE WORK

TELEPHONE HOME

CELL

E-MAIL ADDRESS

DID THIS PERSON LIVE WITH THE DECEASED? YES NO

IF THIS PERSON LIVED WITH THE DECEASED, SINCE WHEN WERE THEY LIVING TOGETHER? - -

D D M M Y Y Y Y

IF THIS PERSON DID NOT LIVE WITH THE DECEASED, HOW LONG WERE THEY IN THE RELATIONSHIP? - -

D D M M Y Y Y Y

Spouse(s) or life partner(s)' details (if more than one partner)

FULL NAME

IDENTITY NUMBER

RELATIONSHIP AND/OR DATE MARRIED

PERMANENT RESIDENTIAL ADDRESS

POSTAL ADDRESS

TELEPHONE WORK

TELEPHONE HOME

CELL

E-MAIL ADDRESS

DID THIS PERSON LIVE WITH THE DECEASED? YES NO

IF THIS PERSON LIVED WITH THE DECEASED, SINCE WHEN WERE THEY LIVING TOGETHER? - -

D D M M Y Y Y Y

IF THIS PERSON DID NOT LIVE WITH THE DECEASED, HOW LONG WERE THEY IN THE RELATIONSHIP? - -

D D M M Y Y Y Y

Required documentation:

- Certified copy of marriage certificate (if applicable)
- Certified copy of the spouse/life partner's identity document with a specimen signature
- Statement of income and expenses (see Form 1 – make a copy for each potential dependant and complete)
- Statement of assets and liabilities (see Form 2 – make a copy for each potential dependant and complete)
- Affidavit confirming whether the deponent was dependent on the deceased (see Form 3 – make a copy for each potential dependant and complete)

B. If the deceased was previously married to anyone other than the person/s referred to in section A above, please complete the following information and submit the supporting documentation specified.

HOW MANY TIMES HAS THE DECEASED BEEN DIVORCED?

ARE ANY OF THE EX-SPOUSE/S STILL ALIVE? YES NO



Previous spouse(s)' details

FULL NAME																												
IDENTITY NUMBER																												
RELATIONSHIP AND/OR DATE MARRIED																												
PERMANENT RESIDENTIAL ADDRESS																												
POSTAL ADDRESS																												
TELEPHONE WORK																												
TELEPHONE HOME																												
CELL																												
E-MAIL ADDRESS																												
DID THIS PERSON LIVE WITH THE DECEASED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO																								
IF THIS PERSON LIVED WITH THE DECEASED, SINCE WHEN WERE THEY LIVING TOGETHER?	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
	D	D		M	M		Y	Y	Y	Y																		
IF THE EX-SPOUSE WAS ENTITLED TO MAINTENANCE, SPECIFY THE AMOUNT AND FREQUENCY OF THE PAYMENT													R													.		
HAS THE EX-SPOUSE MADE A CLAIM FOR MAINTENANCE AGAINST THE DECEASED'S ESTATE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO																								
HAS THE EX-SPOUSE RE-MARRIED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO																								

Previous spouse(s)' details

FULL NAME																												
IDENTITY NUMBER																												
RELATIONSHIP AND/OR DATE MARRIED																												
PERMANENT RESIDENTIAL ADDRESS																												
POSTAL ADDRESS																												
TELEPHONE WORK																												
TELEPHONE HOME																												
CELL																												
E-MAIL ADDRESS																												
DID THIS PERSON LIVE WITH THE DECEASED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO																								
IF THIS PERSON LIVED WITH THE DECEASED, SINCE WHEN WERE THEY LIVING TOGETHER?	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
	D	D		M	M		Y	Y	Y	Y																		
IF THE EX-SPOUSE WAS ENTITLED TO MAINTENANCE, SPECIFY THE AMOUNT AND FREQUENCY OF THE PAYMENT													R													.		
HAS THE EX-SPOUSE MADE A CLAIM FOR MAINTENANCE AGAINST THE DECEASED'S ESTATE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO																								



HAS THE EX-SPOUSE RE-MARRIED? YES

NO

Required documentation:

- Certified copy of marriage certificate (if applicable)
- Certified copy of the spouse/life partner's identity document with a specimen signature
- Statement of income and expenses (see Form 1 – make a copy for each potential dependant and complete)
- Statement of assets and liabilities (see Form 2 – make a copy for each potential dependant and complete)
- Affidavit confirming whether the deponent was dependent on the deceased (see Form 3 – make a copy for each potential dependant and complete)

B. If the deceased was previously married to anyone other than the person/s referred to in section A above, please complete the following information and submit the supporting documentation specified.

HOW MANY TIMES HAS THE DECEASED BEEN DIVORCED?

ARE ANY OF THE EX-SPOUSE/S STILL ALIVE? YES

NO

ANNEXURE C

Details of executor or authorised person

Please complete this annexure and provide the following supporting documentation:

- Certified copy of the Letters of Executorship or letter of authority
- Certified copy of the authorised person or of the executor's identity document with a specimen signature thereon
- Certified copy of Power of Attorney (if the executor of the estate has appointed an agent)
- Recommendation from the executor or authorised person, addressed to the trustees, recommending how the proceeds of the benefit should be distributed (confirming financial dependants of the deceased, at date of death)

FULL NAME OF EXECUTOR

PHYSICAL ADDRESS

TELEPHONE (WORK)

FAX NO

E-MAIL ADDRESS

ANNEXURE E

Details of children of the deceased

(whether they are major or minor and it includes any step, adopted children or children born out of wedlock) Should there be more than 4 children, please make further copies for completion.

1. FULL NAMES

DATE OF BIRTH - -
D D M M Y Y Y Y

ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

RELATIONSHIP TO DECEASED

(eg. biological child, adopted child, child born out of wedlock, stepchild etc.)

IN WHOSE CARE IS THE CHILD NOW?

WAS THE CHILD FINANCIALLY DEPENDENT ON THE DECEASED? YES NO



NAME OF CHILD'S LEGAL GUARDIAN	
TELEPHONE NUMBER OF CHILD'S LEGAL GUARDIAN	

If the child is not in the care of his/her legal guardian, please provide the contact details of the person in whose care the child is currently.

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4. FULL NAMES	
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DATE OF BIRTH		-			-					
	D	D		M	M		Y	Y	Y	Y

ADDRESS	

TELEPHONE NUMBER	
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E-MAIL ADDRESS	
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RELATIONSHIP TO DECEASED	
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(eg. biological child, adopted child, child born out of wedlock, stepchild etc.)

IN WHOSE CARE IS THE CHILD NOW?	
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WAS THE CHILD FINANCIALLY DEPENDENT ON THE DECEASED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF THE ANSWER TO THE ABOVE QUESTION IS YES, FOR HOW LONG WILL THE CHILD STILL BE DEPENDENT (EG. SCHOLAR FOR 2 YEARS / STUDENT FOR 3 YEARS, ETC.) AND THE BASIS FOR THE DEPENDENCY.

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NAME OF CHILD'S LEGAL GUARDIAN	
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TELEPHONE NUMBER OF CHILD'S LEGAL GUARDIAN	
--	--

If the child is not in the care of his/her legal guardian, please provide the contact details of the person in whose care the child is currently.

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Required documentation:

- Certified copy of each child's identity document (if a major), with a specimen signature thereon. Alternatively, certified copies of birth certificates for minors or certified copies of passports for major children can be provided if no identity documents are available.
- Statement of income and expenses, to be completed by major children if they indicate that they were dependent on the deceased (see Form 1 – make a copy for each major child claiming dependency to complete).
- Statement of assets and liabilities, to be completed by major children if they indicate that they were dependent on the deceased (see Form 2 – make a copy for each major child claiming dependency to complete).
- Affidavit from major children confirming whether they were dependent on the deceased at the time of the deceased's death (see Form 3 – make a copy for each major child to complete).
- In the case of a child having a legally appointed guardian, please submit a copy of the High Court appointment (court order).

ANNEXURE F

Other dependants

(e.g. parents, unborn children etc.)

Please list and provide details for all other persons (other than those referred to in Annexures D or E) who were financially dependent on the deceased at the time of death.

1. FULL NAMES	
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IDENTITY NUMBER	
-----------------	--

DATE OF BIRTH		-			-					
	D	D		M	M		Y	Y	Y	Y

RELATIONSHIP TO DECEASED	
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PERMANENT RESIDENTIAL ADDRESS	
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Statement of income and expenses

(Full name and identity number of person referred to in Annexures D, E or F)

A. Gross Income (list monthly gross income from all income sources)

OWN	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
SPOUSE (IF APPLICABLE)	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
TOTAL GROSS MONTHLY INCOME	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

B. Expenses (list monthly expenses)

1. BASIC NECESSITIES:

ACCOMMODATION	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	(including electricity, water, rates and taxes)
MEDICAL EXPENSES	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
FOOD	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
CLOTHING	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
TRANSPORT	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	

2. EDUCATIONAL NEEDS: (ALL LEVELS)

ACCOMMODATION (INCLUDING MEALS)	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
TRANSPORT	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
TUITION FEES	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
SCHOOL WEAR, ETC.	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

3. OTHER EXPENSES:

MAINTENANCE RESPONSIBILITIES	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
HIRE PURCHASE/LOAN/CREDIT CARD INSTALMENTS	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
INSURANCE PREMIUMS PAYABLE	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
OTHER	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	SPECIFY <input type="text"/>
OTHER	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	SPECIFY <input type="text"/>
OTHER	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	SPECIFY <input type="text"/>
TOTAL MONTHLY EXPENSES	R	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	

Declaration under oath / Affirmation

I, declare under oath/truly affirm that the information in this form, and in the supporting documents which I have signed, is true and correct.

SIGNATURE OF PERSON WHO COMPLETED THIS FORM/ POTENTIAL DEPENDANT/NOMINEE	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<input type="text"/>							

The declarer acknowledges that he/she knows and understands the content of the above declaration. I duly administered the oath/affirmation as prescribed by law. There after the declarer signed the above affidavit/declaration in my presence.

SIGNATURE OF 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"/>
		SIGNED AT	<input type="text"/>							



Statement of assets and liabilities

(Full name and identity number of person referred to in Annexures D, E or F)

A. Assets (e.g. Property, investments, shares, policies)

Description of asset	Realistic value of asset
1.	R .
2.	R .
3.	R .
4.	R .
5.	R .

B. Liabilities (e.g. Loans, credit card debt, hire purchase, bond)

Description

Description
1.
2.
3.
4.
5.

BENEFITS RECEIVED / LIKELY TO BE RECEIVED FROM OTHER FUNDS THAT THE DECEASED BELONGED TO

R .

VALUE OF INHERITANCE RECEIVED / LIKELY TO BE RECEIVED FROM THE ESTATE OF THE DECEASED

R .

VALUE OF INSURANCE POLICIES ON THE LIFE OF THE DECEASED IN RESPECT OF WHICH YOU HAVE BEEN NOMINATED

R .

AS A BENEFICIARY

Declaration under oath / Affirmation

I, declare under oath/truly affirm that the information in this form, and in the supporting documents which I have signed, is true and correct.

SIGNATURE OF PERSON WHO COMPLETED THIS FORM/ POTENTIAL DEPENDANT/NOMINEE

DATE

- -
D D M M Y Y Y Y

SIGNED AT

The declarer acknowledges that he/she knows and understands the content of the above declaration. I duly administered the oath/affirmation as prescribed by law. There after the declarer signed the above affidavit/declaration in my presence.

SIGNED AND SWORN/AFFIRMATION BEFORE ME AT

SIGNATURE OF COMMISSIONER OF OATHS

DATE

- -
D D M M Y Y Y Y



