

Declaration of Dependency form

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

INVESTMENT NUMBER/S	<input type="text"/>
DECEASED'S FULL NAME	<input type="text"/>
DECEASED'S IDENTITY NUMBER	<input type="text"/>

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. All sections 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. With regard to all parties mentioned in this form, please complete the section below which is applicable to the person and submit the documentation specified in each section together with the completed form:

Party	Sections to be completed	Annexures to be completed
Executor	Section 2	
Spouse and previous spouse/s details	Section 3	Annexure B - Declaration of dependency or ; Annexure C - Declaration of non-dependency
Children's details (major, minor and including any step, adopted children and children born out of wedlock)	Section 4	Annexure B - Declaration of dependency or ; Annexure C - Declaration of non-dependency
Other dependants' details	Section 5	Annexure B - Declaration of dependency or ; Annexure C - Declaration of non-dependency

5. 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.

1. DETAILS OF THE DECEASED MEMBER

Please complete this section and provide the following supporting documentation:

- Copy of the death certificate
- Notice of Death in the form of a copy of the BL1663/DHA-1663
- Last Will and Testament of the deceased, if available
- Copy of the deceased's medical aid card , or medical aid certificate
- Preliminary Liquidation and Distribution of the estate of the state of the deceased, if available
- Confirmation of the tax number of the deceased
- Annexure A - Letter from a close friend confirming the family structure/dependency

In the event of an unnatural death we will also require:

- Police case number and the details of the investigation officer

DATE OF DEATH	<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
ANNUAL GROSS INCOME FROM ALL SOURCES	<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 AT TIME OF DEATH:	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	WIDOW/WIDOWER	<input type="checkbox"/>	NEVER MARRIED	
OCCUPATION AT TIME 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"/>
ESTIMATED VALUE OF THE ESTATE	<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"/>



PARTICULARS OF EMPLOYER:

NAME OF EMPLOYER																				
ADDRESS																				
TELEPHONE WORK																				

Details of retirement benefits with employer 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)

BENEFITS

List all investments, policies and employer group life benefits:

A. Investments

Fund Name	Investment Account Number	Beneficiaries	Estimated Rand Value Amount
			R
			R
			R
			R
			R

B. Policies/Employer group life benefits

Fund Name	Investment Account Number	Beneficiaries	Estimated Rand Value Amount
			R
			R
			R
			R
			R

2. DETAILS OF THE EXECUTOR OR AUTHORISED PERSON

FULL NAME OF EXECUTOR																				
PHYSICAL ADDRESS																				
TELEPHONE (WORK)																				
FAX NO																				
E-MAIL ADDRESS																				



3. DETAILS OF SPOUSE AND PREVIOUS SPOUSE/S

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

Required documentation:

- Copy of marriage certificate
- A statement from the Tribal Authority in the case of a Customary Marriage, indicating multiple spouses (if applicable)
- Divorce settlement/Agreement where applicable
- Copy of the death certificate of a previous spouse
- Annexure B - Declaration of Dependency; or
- Annexure C - Declaration of non-Dependency

Spouse's or life partner's details

FULL NAME																												
IDENTITY NUMBER																												
RELATIONSHIP AND/OR DATE MARRIED																												
RESIDENTIAL ADDRESS																												
POSTAL ADDRESS																												
TELEPHONE WORK																												
TELEPHONE HOME																												
CELLPHONE NUMBER																												
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 THIS PERSON DID NOT LIVE WITH THE DECEASED, HOW LONG WERE THEY IN THE RELATIONSHIP?	<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																		

Spouse's or life partner's details

FULL NAME																												
IDENTITY NUMBER																												
RELATIONSHIP AND/OR DATE MARRIED																												
RESIDENTIAL ADDRESS																												
POSTAL ADDRESS																												
TELEPHONE WORK																												
TELEPHONE HOME																												
CELLPHONE NUMBER																												
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?

DD - MM - YYYY

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

DD - MM - YYYY

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?

DD

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

YES

NO

Previous spouse's details

FULL NAME

Grid for full name

IDENTITY NUMBER

Grid for identity number

RELATIONSHIP AND/OR DATE MARRIED

Grid for relationship and/or date married

RESIDENTIAL ADDRESS

Grid for residential address

POSTAL ADDRESS

Grid for postal address

TELEPHONE WORK

Grid for telephone work

TELEPHONE HOME

Grid for telephone home

CELLPHONE NUMBER

Grid for cellphone number

E-MAIL ADDRESS

Grid for 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?

DD - MM - YYYY

IF THE EX-SPOUSE WAS ENTITLED TO MAINTENANCE, SPECIFY THE AMOUNT AND FREQUENCY OF THE PAYMENT

R [Grid] . [Grid]

HAS THE EX-SPOUSE MADE A CLAIM FOR MAINTENANCE AGAINST THE DECEASED'S ESTATE?

YES

NO

HAS THE EX-SPOUSE RE-MARRIED?

YES

NO

4. DETAILS OF CHILDREN

Applies to major or minor children and it includes any step, adopted children or children born out of wedlock Should there be more than 3 children, please make further copies for completion.

Required documentation:

- Certified copy of unabridged birth certificate for minors, reflecting the name of both parents
• Certified proof of Guardianship or proof of caregiver status to the children, if the parents are not the guardians
• Annexure B - Declaration of Dependency; or
• Annexure C - Declaration of non-Dependency

Child 1 details

FULL NAMES

Grid for full names

DATE OF BIRTH

DD - MM - YYYY

ADDRESS

Grid for address

Grid for 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

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

DID THE DECEASED ESTABLISH A TRUST FOR THE BENEFIT OF THEIR DEPENDENTS? YES NO

IF THE ANSWER TO THE ABOVE QUESTION IS YES, PLEASE PROVIDE DETAILS OF THE TRUST

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.

Child 2 details

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

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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E-MAIL ADDRESS	
OCCUPATION	
MONTHLY MAINTENANCE RECEIVED FROM DECEASED	R <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
PRESENT FINANCIAL POSITION	
STATE AND EXPLAIN NATURE OF DEPENDENCY ON THE DECEASED AT THE TIME OF DEATH	

Parent 2 details

FULL NAMES	
IDENTITY NUMBER	
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"/> D D M M Y Y Y Y
RELATIONSHIP TO DECEASED	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
TELEPHONE WORK	
TELEPHONE HOME	
CELLPHONE NUMBER	
E-MAIL ADDRESS	
OCCUPATION	
MONTHLY MAINTENANCE RECEIVED FROM DECEASED	R <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
PRESENT FINANCIAL POSITION	
STATE AND EXPLAIN NATURE OF DEPENDENCY ON THE DECEASED AT THE TIME OF DEATH	

OTHER DEPENDENTS

Required documentation:

- Annexure B - Declaration of Dependency

Please list and provide details for all other persons who were financially dependent on the deceased at the time of death.

Dependent 1 details

FULL NAMES	
IDENTITY NUMBER	
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"/> D D M M Y Y Y Y
RELATIONSHIP TO DECEASED	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	



DETAILS OF PARTY COMPLETING THIS FORM

NAME

ADDRESS

TELEPHONE

RELATIONSHIP TO DECEASED

SIGNATURE

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.

I certify that the above statement was taken from me and that the deponent has acknowledged that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponents signature/mark/thumb print was placed thereon in my presence.

SIGNATURE OF COMMISSIONER OF OATHS

DATE - -

SIGNED AT

D D M M Y Y Y Y

