

DISPOSAL OF DEATH BENEFITS

Fund name

Participating Employer

Member's Personal Details

Member number Employee number

Names & Surname

Identity number Date of Birth

Passport number Country of issue

Address

Date of death Cause of death

Date Employer notified of death

Details of Dependants

Spouse(s) - Complete only one person's information per page and make copies of this page if needed. Attach a copy of the marriage certificate if applicable.

Name/s & Surname

Identity number Date of Birth

Passport number Country of issue

Address

Email address Contact number

Date married Date of living together

Type of Marriage: Civil Customary Life Partner Other:

How was this person dependent on the deceased?

Did they live with the member at time of death? YES NO Does the spouse currently stay on their own? YES NO

Is accommodation owned or rented?

Who is residing with the spouse?

Name of spouse's employer Monthly Income

Previous Spouse - Make copies of this page if more previous spouses. (Please attach a copy of the final divorce order and settlement agreement.)

Name/s & Surname

Identity number Date of Birth

Passport number Country of issue

Address

Email address Contact number

Date married Date of living together

Date divorced

Type of Marriage: Civil Customary Life Partner Other:

Did they live with the member at time of death? YES NO Is this ex-spouse re-married? YES NO

Maintenance Order/Agreement or Voluntarily Maintenance Amount

Please provide proof of the maintenance

Name of spouse's employer Monthly Income

Details of Dependants (continue)

Minor Child - Make copies of this page if more than one minor child. (School report / education results to be attached & if applicable adoption papers.)

Name/s & Surname					
Identity number		Date of Birth			
Passport number		Country of issue			
Relationship to deceased:	Biological child	Adopted	Stepchild	Foster child	Other:
Name of Guardian			Relationship to Guardian		
Address of Guardian					
Email address of guardian			Contact number of Guardian		
School / tertiary education			Grade		
Level of dependency					
Full time / part time study			Did the child live with the deceased at time of death?	YES	NO
Is the child receiving social grant/pension (specify)					

Major Child - Make copies of this page if more than one major child. (Proof of Tertiary institute / 3 months bank statement must be attached)

Name/s & Surname					
Identity number		Date of Birth			
Passport number		Country of issue			
Relationship to deceased:	Biological child	Adopted	Stepchild	Foster child	Other:
Address					
Email address			Contact number		
Highest education qualification			Study full/part time		
Were they dependent on the deceased (specify)					
Occupation			Did the child live with the deceased at time of death?	YES	NO
Marriage status			Date married		
Earning potential			Is the child receiving social grant	YES	NO

Other Dependans - Complete only one person's information per page and make copies of this page if needed.

Name/s & Surname					
Identity number		Date of Birth			
Passport number		Country of issue			
Relationship to deceased (specify)					
Address					
Email address			Contact number		
How were they dependent on the deceased (specify)					
Occupation			Did this person live with the deceased at time of death?	YES	NO
Marriage status			Date married		
Earning potential			Is the person receiving a social grant?	YES	NO

Nomination Form/s

Please send all completed nomination Forms

Family's Financial Details / Social Circumstances

Details of Benefits paid by another Fund/Policy

Name of Financial Institution	Beneficiary	Benefit Payable

Supporting Documents Required

Death *(Original certified copies of the following documents)*

- Death Certificate (BI-5 of BI-20)
- Copy of deceased's identification documents. If it is smart identification, both sides must be copied and certified.
- Inquest form (BI-1663 & BI-1680)
- Spouse's Identity Documents. If it is smart identification, both sides must be copied and certified.
- Marriage certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form
- Proof of Banking Details, tax numbers and Addresses of Dependants/Beneficiaries
- Disposal of Death Benefits Form (form supplied by Verso)

Declaration by employer / Social Worker

I, the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct, and that the options in terms of the Rules of the Fund and legislation have been fully explained to the member's potential beneficiaries.

Name/s & Surname

Designation

Signature Date

**Official Company
Stamp**

Please Note: Verso reserves the right to request any additional documentation it deems necessary to verify the claim. If sufficient proof of death has not been submitted, this may lead to delays in the payment of the claim.

Note: Verso Benefits Administrator (Pty) Ltd is committed to protecting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (POPIA). We will use all reasonable efforts to ensure that any personal information is processed in a secure manner and for the purpose for which it is intended. Please go to www.verso.co.za to view our privacy policy (POPIA) statement.