

## DISPOSAL OF DEATH BENEFITS

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

### MEMBER'S PERSONAL DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

### EMPLOYER DETAILS

EMPLOYER NAME \_\_\_\_\_

DATE EMPLOYER NOTIFIED OF DEATH \_\_\_\_\_

### DEPENDANTS

#### Spouse(s) Details

| Details of Spouse(s)   | 1st Spouse | 2nd Spouse |
|--|------------|------------|
| Full name  |            |            |
| Date of birth  |            |            |
| Date of marriage   |            |            |
| Type of union (civil, customary, Asiatic, common law, other)               |            |            |
| If, common law, give details of length of relationship                     |            |            |
| Address  |            |            |
| Contact telephone numbers  |            |            |
| Were deceased and spouse(s) living together at date of death?              |            |            |
| If not, to what extent was the deceased supporting the spouse?             |            |            |
| Does the spouse stay on his/her own or with anyone else? (Provide details) |            |            |
| If living on his/her own, is accommodation owned or rented?                |            |            |
| Is spouse employed, if so, what is his/her monthly income?                 |            |            |

**Partner(s) Details**

| Details of Partner(s)   | 1 <sup>st</sup> Partner | 2 <sup>nd</sup> Partner |
|---|-------------------------|-------------------------|
| Full name   |                         |                         |
| Date of birth   |                         |                         |
| Relationship to deceased (fiancé, boyfriend, girlfriend, other) |                         |                         |
| Address   |                         |                         |
| Contact telephone numbers                                       |                         |                         |
| Give details of the length of the relationship                  |                         |                         |
| Did the deceased support the person financially?                |                         |                         |
| If 'yes', please explain the extent of the support.             |                         |                         |
| Does the partner have a regular job?                            |                         |                         |
| If 'yes', please provide income details and proof thereof.      |                         |                         |

**Ex-spouse(s) Details**

(Please supply original certified copies of divorce order(s) and agreement(s)).

| Details of Ex-spouse(s)  | 1 <sup>st</sup> Ex-spouse | 2 <sup>nd</sup> Ex-spouse |
|--|---------------------------|---------------------------|
| Full name  |                           |                           |
| Date of birth  |                           |                           |
| Date of marriage   |                           |                           |
| Type of union (civil, customary, Asiatic, common law, other)   |                           |                           |
| Date of divorce  |                           |                           |
| If common law, give details of length of relationship  |                           |                           |
| Address  |                           |                           |
| Contact telephone numbers  |                           |                           |
| At the date of death, was the deceased supporting the ex-spouse either voluntarily or in terms of a maintenance order/agreement? |                           |                           |
| Monthly maintenance payment amount   |                           |                           |
| Has the ex-spouse remarried?   |                           |                           |
| If supported by deceased, please provide current income details of the ex-spouse and proof thereof.                              |                           |                           |

**Minor Children**

(Latest school report / education result to be attached for each child)

|                                      | Child No. 1 | Child No. 2 | Child No. 3 | Child No. 4 | Child No. 5 |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Name                                 |             |             |             |             |             |
| Date of birth                        |             |             |             |             |             |
| Relationship to deceased             |             |             |             |             |             |
| Guardian's name                      |             |             |             |             |             |
| Guardian's address                   |             |             |             |             |             |
| Guardian's contact telephone numbers |             |             |             |             |             |
| Relationship to guardian             |             |             |             |             |             |
| Level of dependency                  |             |             |             |             |             |
| School / tertiary education          |             |             |             |             |             |
| Grade                                |             |             |             |             |             |
| Full time / part time study          |             |             |             |             |             |

**Major Children**

|                                 | Child No. 1 | Child No. 2 | Child No. 3 | Child No. 4 | Child No. 5 |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|
| Name                            |             |             |             |             |             |
| Date of birth                   |             |             |             |             |             |
| Relationship to deceased        |             |             |             |             |             |
| Address                         |             |             |             |             |             |
| Contact telephone numbers       |             |             |             |             |             |
| Details of dependency           |             |             |             |             |             |
| Highest education qualification |             |             |             |             |             |
| Marital status                  |             |             |             |             |             |
| Date of marriage                |             |             |             |             |             |
| Working (give details)          |             |             |             |             |             |
| Earning capacity                |             |             |             |             |             |
| Remarks                         |             |             |             |             |             |

**Other Dependents**

|                           | No. 1 | No. 2 | No. 3 | No. 4 | No. 5 |
|---------------------------|-------|-------|-------|-------|-------|
| Name                      |       |       |       |       |       |
| Date of birth             |       |       |       |       |       |
| Relationship to deceased  |       |       |       |       |       |
| Address                   |       |       |       |       |       |
| Contact telephone numbers |       |       |       |       |       |
| Details of dependency     |       |       |       |       |       |

**Nominees**

|                           | No. 1 | No. 2 | No. 3 | No. 4 | No. 5 |
|---------------------------|-------|-------|-------|-------|-------|
| Name                      |       |       |       |       |       |
| Date of birth             |       |       |       |       |       |
| Relationship to deceased  |       |       |       |       |       |
| Address                   |       |       |       |       |       |
| Contact telephone numbers |       |       |       |       |       |

**Nomination Form**

YES/NO \_\_\_\_\_ DATE FORM COMPLETED \_\_\_\_\_

DETAILS OF NOMINATION \_\_\_\_\_

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**FAMILY’S FINANCIAL DETAILS / SOCIAL CIRCUMSTANCES**

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**DETAILS OF BENEFITS PAID BY ANOTHER FUND/RISK BENEFITS AND TO WHOM**

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**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.

FULL NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE**

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