

AFFIDAVIT FOR ASSESSMENT OF A DEATH CLAIM

Fund name

Participating Employer

Deceased Details

Member number	<input style="width: 95%; height: 20px;" type="text"/>	Employee number	<input style="width: 95%; height: 20px;" type="text"/>
Names & Surname	<input style="width: 99%; height: 20px;" type="text"/>		
Identity number	<input style="width: 320px; height: 20px;" type="text"/>	Date of Birth	<input style="width: 150px; height: 20px;" type="text"/>
Passport number	<input style="width: 320px; height: 20px;" type="text"/>	Country of issue	<input style="width: 150px; height: 20px;" type="text"/>
Date of death	<input style="width: 320px; height: 20px;" type="text"/>	Cause of death	<input style="width: 150px; height: 20px;" type="text"/>

Background

The trustees of a retirement fund have a legal duty to allocate the death benefit of a deceased member in terms of Section 37C of the Pension Funds Act.

Verification of the deceased's personal circumstances are required. Your assistance is very important to enable the Trustees to distribute the death benefits fairly and equitably.

Please note the following when you complete this affidavit (which must be completed in front of a Commissioner of Oaths – generally found at your local SAPS):

- 1 Answer the questions as fully as possible. If there is not enough space on the form, write your answer on another page and attach it to this form.
- 2 When possible - add supporting documents that validates what you wrote. This can include bank statements, birth or marriage certificates, divorce, or maintenance orders, etc.
- 3 Regarding the question on types of financial dependency, these are as follows:
 - a Partial dependency: Although the deceased provided for your needs by giving you money or any other form of financial assistance, you had other sources of support. (Other than that, provided by the deceased).
 - b Fully dependent: You had no other sources of support, and the deceased was the sole person who provided you with money or any other form of financial assistance.
 - c The dependency advised to the Trustees on this affidavit should be the circumstances at the date of death.
- 4 Please note that a minor child is one that is not yet aged 18. A major child is aged 18 or older (an adult).
- 5 You are required to confirm the accuracy of what you write by oath. If you write something that is untrue, there may be repercussions.
- 6 The completed form together with supporting documents are to be emailed to verso-deathclaims@verso.co.za

Details of the Deponent

Name/s & Surname			
Identity number		Date of Birth	
Passport number		Country of issue	

I, the undersigned hereby declare as follows

1 What was your relationship to the deceased? How long was the relationship?

2 Did you permanently live with the deceased when he or she died? (If yes, from what date did you permanently live with the deceased?)

3 Please list the names of all the people and their relationship to deceased who permanently lived with him/her at time of death (adults and children).

Name/s & Surname	Relationship to deceased	From which date

4 Was the deceased in a relationship at the date of death? (if yes, provide the person's name and details).

Name/s & Surname	Identity number	Contact number

5 Did the deceased have any biological children? (if yes, provide the child/ren names. (This is for adult and minor biological children).

Name/s & Surname	Identity number	Contact number

Affidavit for Assessment of a Death Claim (continue)

6 Please provide the names of the biological parents of the biological child/ren.

Name/s & Surname of Child/ren	Name/s & Surname of Mother	Name/s & Surname of Father

7 Are you aware if the deceased had an unborn child/ren at time of death.

Name/s & Surname of Child/ren	Name/s & Surname of Mother	Name/s & Surname of Father

8 Who are the child/ren current caregiver/s? (i.e. who is responsible for and looking after the child/ren).

Name/s & Surname of Child/ren	Name/s & Surname of Caregiver	Contact number

9 Does anyone mentioned in this affidavit suffer from a mental or physical disability?

Name/s & Surname	Description of Disability	Receiving Grant (yes or no)

Affidavit for Assessment of a Death Claim (continue)

10 At the time of death, did the deceased pay maintenance or provide financial support for any child/ren or other person/s? (If yes, list the names, the type and amount of support that was provided, and the frequency of support).

Name/s & Surname	Description & Frequency of Support	Amount

11 Were there any parents or parents-in-law of the deceased that he/she supported financially at date of death? (If yes, list the names, the type and amount of support that was provided, and the frequency of support).

Name/s & Surname	Description & Frequency of Support	Amount

12 At the time of the deceased's death, were you reliant on them financially? (If yes, describe the degree of dependency (partially or fully dependent), the type, amount, and frequency of the support. Please provide proof if you have any.

Description of Support	Frequency of Support	Amount

13 Are you employed? (if yes, provide your employer's details, your occupation, salary received, frequency of salary and a copy of your latest payslip).

Employer's Details	Occupation	Salary Amount	Frequency

14 Do you receive a state grant or pension? (if yes, provide the amount and the type of grant)

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15 What is your marital status? (i.e. single, divorced, married, widowed etc)

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Affidavit for Assessment of a Death Claim (continue)

16 What is your highest grade or qualification

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17 Did the deceased have a will? (if yes, please provide the name and contact number where a copy of the will can be obtained)

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18 Did anyone receive an insurance payout or death benefit due to the death of the deceased? (if yes, please provide details)

Name of Financial Institution	Beneficiary	Amount

19 Did anyone inherit from the estate of the deceased? (if yes, please provide details)

Name/s & Surname	Description of Inheritance	Value of Inheritance

20 Are there any other details you would like to disclose that is not covered in this document

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Please submit proof of your bank account (3 consecutive months bank statements) & Certified copy of your Id. If it's a smart id, both sides must be copied & certified.

The submission of proof of your bank account and the completion of any death claim documents is not confirmation that a portion of the death benefit will be allocated to you.

Affidavit for Assessment of a Death Claim (continue)

I know and understand the contents of this statement.
I have no objection to taking the prescribed oath.
I consider the prescribed oath binding on my conscience.

Deponent's Signature

I certify that the above statement was taken by me, and that the deponent has acknowledged that he/she knows and understands the content of this statement. This statement was affirmed / sworn before me, and the signature was placed thereon in my presence at place _____ on _____ (date) _____ (time) _____.

Commissioner of Oaths Signature

Name/s & Surname

Position/Rank

Address of Business/Police
Station

Official Stamp