

DEATH CLAIM FINANCIAL NEEDS ANALYSIS

Note: This analysis will be used as a guide to determine circumstances and what critical needs are.

Fund name	<input style="width: 95%;" type="text"/>
Participating Employer	<input style="width: 95%;" type="text"/>

Details of Deceased

Member number	<input style="width: 40%;" type="text"/>	Employee number	<input style="width: 30%;" type="text"/>
Name/s & Surname	<input style="width: 95%;" type="text"/>		
Identity number	<input style="width: 40%;" type="text"/>	Date of Birth	<input style="width: 30%;" type="text"/>
Passport number	<input style="width: 40%;" type="text"/>	Country of issue	<input style="width: 30%;" type="text"/>

Personal Details of Person completing this Form

Name/s & Surname	<input style="width: 95%;" type="text"/>		
Identity number	<input style="width: 40%;" type="text"/>	Date of Birth	<input style="width: 30%;" type="text"/>
Passport number	<input style="width: 40%;" type="text"/>	Country of issue	<input style="width: 30%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>		
Email address	<input style="width: 40%;" type="text"/>	Contact number	<input style="width: 30%;" type="text"/>
Relationship to Deceased	<input style="width: 95%;" type="text"/>		

Employment Details

Are you employed?	Please indicate your monthly net earnings		
<input type="checkbox"/> Yes	<input type="checkbox"/> R50 – R1000		
<input type="checkbox"/> Unemployed	<input type="checkbox"/> R1 001 – R5 000		
<input type="checkbox"/> Other	<input type="checkbox"/> R5 001 – R10 000		
<input type="checkbox"/> Pensioner	<input type="checkbox"/> R10 001 – R20 000		
	<input type="checkbox"/> Greater than R20 001		
Occupation <input style="width: 95%;" type="text"/>	How long have you been employed <input style="width: 30%;" type="text"/>		
Were you supported by the deceased	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		
If 'YES', please state the rand amount/the type of support and frequency	<input style="width: 95%;" type="text"/>		
Are you receiving social grant/pension (<i>specify</i>)	<input style="width: 95%;" type="text"/>		

Expenditure Details

Do you own any investments e.g. retirement annuities, unit trusts or shares

YES	NO
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If 'YES', please state the type of investment

Do you have a financial advisor

YES	NO
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If 'YES', please provide details of your financial advisor

Financial Advisor

Email address

Contact number

If you are allocated a benefit, what do you intend to do with the benefit?

Do you have a bank account

YES	NO
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If 'YES', please provide copies of bank statements for three consecutive months

Have you ever had a judgment against you for non-payment of debt

YES	NO
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If 'YES', please provide details

Have you ever been declared insolvent or been placed under an administration order

YES	NO
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If 'YES', please provide details

What is the largest sum of money you have ever dealt with

Do you own or rent your residence

Own

Rent

If you 'OWN' your residence, what is the amount you owe on the bond

Has the bond or will the bond be settled by a separate policy due to the death of the deceased

YES	NO
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Guardian / Dependant/s Personal Expenditure (Estimated)

Income (Net Income)	
Income per month	R
Maintenance / Support	R
Social Grants	R
Other Income (i.e. spouse's or other household income) per month	R
Total	R

Monthly Expenses	
Bond / Rent	R
Transport	R
Rates, Water & Electricity	R
School & Education	R
Food & Household	R
Entertainment	R
Insurance	R
Hire Purchase / Clothing Accounts	R
Maintenance	R
Savings	R
Garnishee Orders	R
Other Expenses (provide details)	R
Total Monthly Expenses	R

Declaration

I hereby declare that the details provided herein are true and correct.

Name/s & Surname

Place

Signature Date

Witness

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.
 The completed form together with supporting documents are to be emailed to verso-deathclaims@verso.co.za

Note: Verso Benefits Administrator (Pty) Ltd is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfil its obligations under the Act. Please go to www.verso.co.za to view our privacy policy (POPIA) statement.