

SACCAWU
National Provident Fund

ADMINISTRATION MANUAL



DO GREAT THINGS



OLD MUTUAL
CORPORATE

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SECTION 1 PURPOSE OF THE ADMINISTRATION GUIDE

The SACCAWU National Provident Fund (SNPF) has been established to provide resignation, dismissal, retrenchment, retirement, death and disability benefits to the members of SACCAWU. Many Employers throughout South Africa are Participating Employers of the SACCAWU National Provident Fund.

The purpose of this Administration Guide is to assist Participating Employer staff with the completion of the Employer tasks associated with the administration of the Fund.

The administration of the SACCAWU National Provident Fund is handled by Old Mutual Corporate Retirement Fund Administration, situated at Mutualpark in Pinelands, Cape Town.

This guide, as well as the individual business forms referenced in this guide, can be accessed on the SNPF website at www.snpf.co.za.

SECTION 2 CONTACT DETAILS

2.1 Fund Administrator (Old Mutual)

Postal address	Old Mutual Corporate Retirement Fund Administration (SACCAWU) PO Box 422 Howard Centre 7405
Street address	Old Mutual Corporate Retirement Fund Administration (SACCAWU) Mutualpark Jan Smuts Drive Pinelands 7405
Telephone number	0860 455 455
Fax number	+27 21 509 2564
Email	rfamembers@oldmutual.com

2.2 SACCAWU National Provident Fund

Postal address	SACCAWU National Provident Fund PO Box 1850 Johannesburg 2000	
Street address	HEAD OFFICE 193 Bryanston Drive The Braes (1st Floor) Moraine House Bryanston 2021	JOHANNESBURG OFFICE Royal Place (Room 608) 85 Eloff Street Cnr Kerk Street Johannesburg 2000
Telephone number	011 706 6123	
Fax number	011 706 6243	
Fax2email	086 661 0002	
Email	info@snpf.co.za	
Website	www.snpf.co.za	

2.3 Contact Details – Fund Administrator

	Telephone number	Fax number	Email address
For all Contribution and Data Submission Enquiries	0860 455 455	021 509 6674	UmbrellaStandaloneDataTeam@oldmutual.com
For all Benefit Payment and Benefit Quote Enquiries	0860 455 455	021 509 2564	rfamembers@oldmutual.com

SECTION 3 OVERVIEW OF THE MONTHLY FUND ADMINISTRATIVE TASKS

CURRENT MONTH				NEXT MONTH	
By the 15th	By the 25th	By the 28th	By end of the Month	Between the 1st and the 7th of the Month	Within 6 days of payment made and data schedules received
OM RFA	EMPLOYER	EMPLOYER	OM RFA	EMPLOYER	OM RFA
Send Monthly Contribution Schedule to Employer (only for Employers which do not submit data electronically)	<ul style="list-style-type: none"> Complete Monthly Contribution Schedule; New Entrant Statements and Payment Advice Complete Claim documents for staff that have left or will be leaving the Employer's service during this month 	<ul style="list-style-type: none"> Send Monthly Contribution Schedule; New Entrant Statements and Payment Advice to Old Mutual Send Claim documents for staff that have left or will be leaving the Employer's service during this month to Old Mutual 	Send S13A non-compliance report to the Fund's Principal Officer showing detail of contributions not paid and/or data schedules not received i.r.o. the current and previous due months	<ul style="list-style-type: none"> Pay due month's contribution into the Fund's bank account Send Payment Advice to Old Mutual 	<ul style="list-style-type: none"> Process contributions to member records and risk premiums to Insurer Issue New Entrant Certificates Initiate claims
	<p>NB! If a Contribution Schedule was not received from Old Mutual by this date, please use the previous month's statement to record the current month's contribution and salary detail and send it to Old Mutual.</p>			<p>NB! If a Contribution Schedule was not received from Old Mutual by this date, Employers are still required by law to make the contribution payment to the Fund's bank account by the 7th of the month. Any contributions paid after the 7th will attract Late Payment Interest – as per Section 13A of the Pension Funds Act</p>	

SECTION 4 NEW EMPLOYEES

4.1 Steps to be followed when a New Employee is appointed

1	Is the New Employee eligible to join one of the Retirement Funds offered by the Company?	NO	No further action required
YES			
2	Provide the New Employee with information guides on the various Retirement Funds available		
3	The New Employee completes the New Member Option Form (page 6)		
4	Has the New Employee elected to join the SACCAWU National Provident Fund?	NO	No further action required
YES			
5	Complete a New Entrant Statement (see page 7)		
6	Send the New Entrant Statement, together with the current month's Contribution Return to Old Mutual, by the 28th of the current month		
7	Request the New Employee to complete a Beneficiary Nomination Form (Annexure 2) Keep the completed form on the employee's personnel file.		This form is a very important document that assists the Fund's Trustees in making a speedy decision in the payment of a death benefit. It is in the employee's best interests to always keep this information up to date.

4.2 Requirements for completing the Membership Option Form and the New Entrant Statement

(i) New Member Option Form – to be complete by the New Employee

- On appointment, each New Employee needs to complete a New Member Option Form (see example on page 6) to indicate his/her Fund choice;
- The form must be signed by the New Employee and a witness;
- The signed New Member Option Form must be retained in the employee's personnel file. This will assist with any possible disputes that may arise as regards the Fund membership election made by the employee;
- The employee must select **ONE OPTION ONLY**.

(ii) New Entrant Statement – to be completed by the Employer

- It is not required to complete this form if data is submitted electronically via Old Mutual's standard data file;
- Once a new employee has indicated on the New Member Option Form that he/she wants to join the SACCAWU National Provident Fund, a New Entrant Statement must be completed and forwarded to Old Mutual;
- The New Entrant Statement must be sent to Old Mutual, together with the Monthly Contribution Return, by the 28th of the month in which the member joins the Fund;
- Any late notification or failure to notify the Fund of a New Member is regarded as a contravention of the Pension Funds Act and could expose the Employer to penalties;
- See page 7 for an example of the Form as well as notes on how to complete it;
- Old Mutual will also accept a file (e.g. a spreadsheet) with the new entrant data. Please ensure that the file contains all the data fields as per the New Entrant statement.



NEW MEMBER OPTION FORM

Employer name

Please select **ONLY ONE** option below and indicate your option with an **X**.

OPTION A

To **REMAIN** a member of my current Fund.

Name of Fund

OPTION B

To **JOIN** the Fund as indicated.

Name of Fund

- For **NEW** employees where the Employer implements a new Fund and the employees do not want to join the SACCAWU National Provident Fund.
OR
- For **NEW** employees opting to join the Employer sponsored Fund already in place.

OPTION C

To **JOIN** the SACCAWU National Provident Fund

- For **NEW** employees where the Employer does not have a Fund and the employee elects to join the SACCAWU National Provident Fund.
OR
- For **NEW** employees where the Employer does have a Fund but the employee elect to join the SACCAWU National Provident Fund.

OPTION D

To **TRANSFER TO** the SACCAWU National Provident Fund

- For **EXISTING** employees who are members of the Employer’s Retirement Fund, and wish to transfer to the SACCAWU National Provident Fund.

DECLARATION

- I acknowledge that the Rules and the benefits provided by the Fund that I elected above were explained to me.
- By signing this form, I acknowledge that I fully understand the option elected above.

Full name of employee

Signed at on this day of 20

Name of witness

Signature of employee

Company number

RSA ID number

Signature of witness

NEW ENTRANT STATEMENT FORM

EMPLOYER NAME:																					
STATEMENT FOR THE MONTH OF:																					
Employee payroll number	Member surname	Member full names	Date of birth			ID number			Annual rate of pay												
	Gender	Marital status	D	D	M	M	Y	Y	Y	Y	Employer join date	D	D	M	M	Y	Y	Y	Y	Annual rate of pay	R
Employee payroll number	Member surname	Member full names	Date of birth			ID number			Annual rate of pay												
	Gender	Marital status	D	D	M	M	Y	Y	Y	Y	Employer join date	D	D	M	M	Y	Y	Y	Y	Annual rate of pay	R
Employee payroll number	Member surname	Member full names	Date of birth			ID number			Annual rate of pay												
	Gender	Marital status	D	D	M	M	Y	Y	Y	Y	Employer join date	D	D	M	M	Y	Y	Y	Y	Annual rate of pay	R
Employee payroll number	Member surname	Member full names	Date of birth			ID number			Annual rate of pay												
	Gender	Marital status	D	D	M	M	Y	Y	Y	Y	Employer join date	D	D	M	M	Y	Y	Y	Y	Annual rate of pay	R
Employee payroll number	Member surname	Member full names	Date of birth			ID number			Annual rate of pay												
	Gender	Marital status	D	D	M	M	Y	Y	Y	Y	Employer join date	D	D	M	M	Y	Y	Y	Y	Annual rate of pay	R
Employee payroll number	Member surname	Member full names	Date of birth			ID number			Annual rate of pay												
	Gender	Marital status	D	D	M	M	Y	Y	Y	Y	Employer join date	D	D	M	M	Y	Y	Y	Y	Annual rate of pay	R

SECTION 5 MONTHLY CONTRIBUTION AND DATA SUBMISSION

What does the law say?

Contributions and data must be received by the Fund by the latest on the 7th of the month following the due month. This means that the **contributions** must be **in the Fund's bank account on the 7th**. However, it is preferable that the payment is made by the 1st of the month following the due month to ensure that Old Mutual can invest the contributions timeously.

How to Complete the Monthly Contribution Return?

Old Mutual will send each Employer the Monthly Contribution Return from the 15th of every month. This Contribution Return contains all the active members from your company that Old Mutual has on record for the SACCAWU National Provident Fund at the time of sending the Return.

The Contribution Return shows the previous month's employee and employer contributions for each member, and also includes provision to insert any voluntary contributions that a member may have contributed.

Contributions during absence from work

- When employees go on maternity or other approved leave, and continue to receive a salary from the company, contributions must still be paid over to the fund.
- When the employee is absent and the absence was not approved by the company, and the company wants the employee to be covered for risk benefits during this absence period, the company must continue to pay the full risk premium.

What are the Regular Monthly Contributions?

Employee Contributions

Employees contribute at a pre-determined rate of their Annual Rate of Pay, as set out in the Special Rules for each Participating Employer.

Employees can also make **additional voluntary contributions** should they choose to do so. These contributions are over and above the contributions specified in the Special Rules.

Employer Contributions

Each Participating Employer contributes at a pre-determined rate of each member's Annual Rate of Pay, as set out in the Special Rules for each Participating Employer.

The Employer contribution also includes –

- Administration Fees;
- Premiums for Risk Benefits
 - Lump Sum Death Benefits
 - Disability Benefits
 - Family Benefits
 - Spouse's Death Cover

What must the Employer do when they receive the Monthly Contribution Return?

1. Add the detail of any new member or member who transferred into your branch at the bottom of the current list of members.
2. Check the personal detail (e.g. surname, dates of birth, ID number, etc.) and make any changes, if necessary, on the Monthly Contribution Return.
3. Check the Employee and Employer Contributions for each member, and ensure that the amounts are still the same for the current month. If there are any changes, delete the amount printed on the form and insert the correct amount above the one deleted.
4. Insert any Voluntary Contributions made by members.
5. If any employees have left during the month, draw a line through their names and add a comment next to the deleted record, e.g. resigned 31 August 2015. Ensure that the final month's contributions are still reflected on the Contribution return.
6. Add the total contributions per member and insert the total in the "TOTAL" column.
7. Add all the contributions in the "TOTAL" column for each page, and insert the total for each page.
8. Add all the contribution totals for each page, and insert this on the first page next to "Loctn Total".

When must the Employer submit the Monthly Contribution Return?

In terms of the Administration Agreement signed between the Fund and Old Mutual, the Monthly Contribution Return **must reach Old Mutual by the 1st of the month following the due month.**

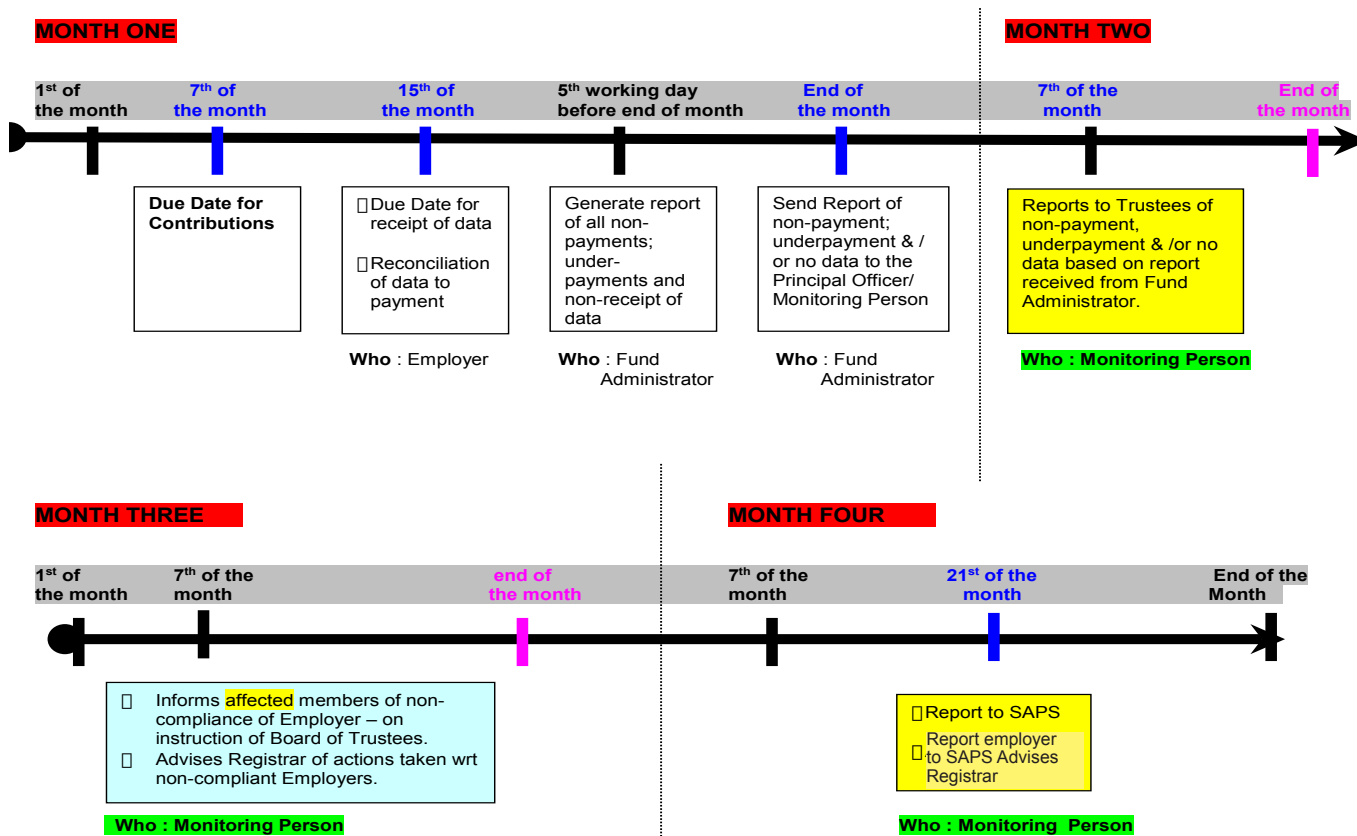
This is to allow Old Mutual to process the contribution payment and the data supporting the payment as soon as possible after the due month in order to ensure that benefits can be paid promptly. Any delay in the submission of the monthly data and contributions will result in a delay in the payment of benefits to the members that have left employment.

If the data and the contributions payment are not received by the 7th of the month following the due month, the Employer will be liable for Late Payment Interest, as prescribed by Section 13A of the Pension Funds Act.

Of critical importance for Employers, is S13A(8) of the Pension Funds Act which **imposes a personal liability on the directors of companies and members of close corporations where such persons are regularly involved with the overall financial affairs of the company/close corporation and contributions are not paid to the fund.** For any other type of entity, the personal liability is attached to the person who is regularly involved in the management of the entity's financial affairs.

Below is an explanation of the timeline and activities as prescribed by Section 13A of the Pension Funds Act.

Section 13A Activity Timeline



Overview of the Monthly Contribution Reconciliation Process

Activity	Who	When
1. Provide Employer with Monthly Contribution Return.	Old Mutual	From the 15th of the current month
2. Check member data and apply any changes where required.	Employer	By the end of the month for which the Contribution Schedule is due.
3. Check contribution details and apply any changes where required.	Employer	
4. Draw a line through the names of any employees that have left the company's service, and insert the final contributions and exit dates next to the deleted record.	Employer	
5. Insert the details of any new members or employees that transferred to your branch beneath the existing member records.	Employer	
6. Total the contributions per page and add the totals at the bottom of each page.	Employer	
7. Pay the contributions into the Fund's bank account.	Employer	
8. Send the Contribution Schedule to Old Mutual as well as confirmation of the amount paid into the Fund's bank account.	Employer	By the 1st of the month following the Due Month
9. Apply the contribution detail to the member records, pay the risk premiums to the Insurer and invest the remainder of the contributions.	Old Mutual	Within 6 working days after receipt of data and contributions



CONTRIBUTION RETURN

STRICTLY CONFIDENTIAL

For

Employer name

Contribution

Make your payment to the SACCAWU National Provident Fund, and return your proof of payment together with this Contribution Schedule to the Administrator, at the address shown at the foot of this page.

The bank account details for the Fund are

SACCAWU National Provident Fund
Bank Nedbank
Branch Maitland
Branch Code 198765
Account Number 1073 282 252

Certified that this is a true reflection of the payments TOTALS

and Membership data as at

Signed at on this day of 20

Name

Signature

OFFICIAL COMPANY STAMP

Administration and enquiries Old Mutual Retirement Fund Administration
Physical address PO Box 422, Howard Place, 7405
Email address UmbrellaStandaloneDataTeam@oldmutual.com

CONTRIBUTION RETURN

For

Employer Employer number Telephone number
 Branch Contribution Fax number
 Location Frequency

Line	Member name	Date of birth	Member number	Weeks	Annual salary	Employer normal	Member normal	Member voluntary	Total
Page Total									
Locn Total									

The Locn Total is the total for each contribution type for the Employer submission.

Make any changes if necessary by deleting the incorrect detail and adding the correct detail above the deleted item.

This form will be pre-populated by Old Mutual with the active member data on file. Please make any amendments as required.

SECTION 6 TRANSFER OF EMPLOYEES TO/FROM BRANCHES OF AN EMPLOYER

When employees transfer from one branch of an employer to another, the Fund's Administrator must be informed to ensure that the member's record is updated with the transfer details.

Please complete the Notification of Transfer Form – see example on page 14.

This form must also be completed when an employee leaves your Company and immediately takes up employment with another Company that is also a Participating Employer in the SACCAWU National Provident Fund.

Please submit this form with the Monthly Contribution Return.

NOTIFICATION OF TRANSFER

Name of employer	
Employer branch	
Due month	

TRANSFER IN												
Surname and initials	Employee number	Date of birth			Branch/Employer transferred from	Date of transfer			Monthly rate of pay	Date of first month's contribution		
		D	M	Y		D	M	Y		D	M	Y
1.		D	M	Y		D	M	Y		D	M	Y
2.		D	M	Y		D	M	Y		D	M	Y
3.		D	M	Y		D	M	Y		D	M	Y
4.		D	M	Y		D	M	Y		D	M	Y
5.		D	M	Y		D	M	Y		D	M	Y

TRANSFER OUT												
Surname and initials	Employee number	Date of birth			Branch/Employer transferred to	Date of transfer			Monthly rate of pay	Date of first month's contribution		
		D	M	Y		D	M	Y		D	M	Y
1.		D	M	Y		D	M	Y		D	M	Y
2.		D	M	Y		D	M	Y		D	M	Y
3.		D	M	Y		D	M	Y		D	M	Y
4.		D	M	Y		D	M	Y		D	M	Y
5.		D	M	Y		D	M	Y		D	M	Y

Signature

Designation

Date

OFFICIAL
COMPANY
STAMP

SECTION 7 BENEFIT CLAIMS

When is a benefit payable?

A benefit becomes payable when one of the following events occur in the life of an employee who is a member of the SACCAWU National Provident Fund –

- Resignation, Dismissal, or Retrenchment (Section 7.1)
- Retirement (Section 7.2)
- Death of an Employee, Employee's Spouse or other Family Member (Section 7.3)
- Disablement (Section 7.4)
- Divorce, Maintenance or Default Housing Surety Claims (Section 7.5)

What are the general requirements for all benefit claims?

1. Claim forms (including any supporting documentation as specified) must be fully completed, signed by the Employee (where applicable), and signed by an authorised signatory of the Employer, dated and include the Employer stamp.
2. Claim documentation must be sent to the following recipients –
 - a) **Resignations, Dismissals, Retrenchments, Retirements, Divorce, Maintenance or Default Housing Surety Claims:**
Old Mutual (via post, fax or email):
Old Mutual Corporate Retirement Fund Administration (SACCAWU)
PO Box 422
Howard Place 7405
Fax number 021 509 2564
Email rfamembers@oldmutual.com
 - b) **Death and Funeral Claims:**
SACCAWU National Provident Fund Office (via post, fax or email)
PO Box 1850
Johannesburg 2000
Fax number 011 706 6243
Email info@snpf.co.za
 - c) **Disability Claims** (via post, fax or email)
Old Mutual Group Assurance
PO Box 1659
Cape Town 8000
Fax number 021 – 509 6855
Email newclaims@oldmutual.com
3. Members must be informed of their benefit options. Should you require any assistance in this regard, please call the Old Mutual Member Support Services on 0860 455 455.
4. **Important Note regarding Prior Claims:** Old Mutual can and will only process the following prior claims, as prescribed by Section 37D of the Pension Funds Act –
 - a) Loans granted to members for housing purposes and where the Fund benefit was used as surety for the loan;
 - b) Damage caused to the Employer by the employee as a result of fraud, theft or dishonesty. Such a claim will only be recognised by the Fund if –
 - i. The member has admitted liability in writing – the cause of the damage and the estimated amount must be quoted; OR
 - ii. The Employer has obtained a court order against the member;
 - c) Divorce Court Orders;
 - d) Maintenance Court Orders;
 - e) Default Housing Surety Requests.

7.1 RESIGNATION, DISMISSAL OR RETRENCHMENT CLAIMS

When an employee resigns, is dismissed or retrenched from service, a withdrawal benefit becomes payable from the Fund.

A Withdrawal Claim Form (page 17) must be completed and sent to Old Mutual at the end of the month in which the member's service ended with the Employer.

NOTE

When an employee resigns and immediately joins another Employer which also participates in the SACCAWU National Provident Fund, membership of the SACCAWU National Provident Fund continues uninterrupted. In this case, a benefit is NOT payable from the Fund. A Transfer Form must be completed instead (see section 6).

Documentation Requirements

The following documentation must be submitted for a withdrawal claim –

- Notification of Service Termination Form
- Prior Claim Form (if applicable)
- Cancelled Cheque or Bank Mandate (as verification of the member's bank account details)
- Copy of the Proposal or Application Form where the member wants to transfer part or all of the benefit to another approved Fund



WITHDRAWAL CLAIM FORM

SCHEME DETAILS

Employer name

Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number

Passport number (if no RSA ID)

Employee number

Email address

Date of service termination

Annual salary at exit

Last employee contribution

Member's residential address

Member's postal address

Date of birth

Country of issue

Membership number

Cellphone number

Income tax number

Last contribution month

Last employer contribution

Reason for withdrawal Resignation Dismissal Retrenchment

Benefit Options (Select ONE option only)

Cash Lump Sum Transfer to other approved fund* Part cash/Part transfer*

* Please attach a copy of the Application Form.

Member's bank account details (must be member's OWN bank account)

Name of account holder

Name of bank

Account number

Type of account Savings Cheque Transmission

Name of branch

Branch code

MEMBER DECLARATION

- I confirm that all options in terms of the rules of the Fund have been explained to me.
- I agree that the payment of the benefit in terms of the option elected above is the full and final benefit payable from the SACCAWU National Provident Fund to me.
- I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Member's signature

Date

EMPLOYER DECLARATION

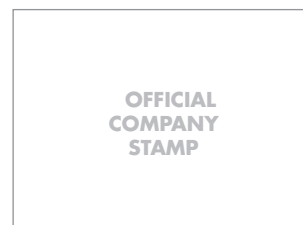
Prior claim YES NO

If "YES", please complete a Prior Claim Form and attach it to this form.
Certified that the information supplied in this form is accurate and complete.

Employer's signature

Designation

Date



7.2 RETIREMENT CLAIMS

When can a member retire?

According to the Rules of the SACCAWU National Provident Fund, a member can claim a retirement benefit on –

- Early Retirement, i.e. before reaching Normal Retirement Age,
- Normal Retirement,
- Late Retirement, i.e. after Normal Retirement Age, or
- Ill Health Retirement

The early and normal retirement ages are specified in the Special Rules for each Participating Employer.

Please note that **an employee, who is in receipt of a monthly disability income benefit**, is still regarded as an active member of the Fund. When such an employee reaches the normal retirement age, the disability income benefit ceases and a retirement benefit becomes payable.

Documentation Requirements

The following documentation must be submitted for a retirement claim –

- Retirement Claim Form (see page 19)
- Certified copy of the member's ID document
- Prior Claim Form (if applicable)
- Cancelled Cheque or Bank Mandate (as verification of the member's bank account details)
- Copy of the Proposal or Application Form where the member wants to purchase a pension with part or all of the benefit



RETIREMENT CLAIM FORM

SCHEME DETAILS

Employer name

Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number

Passport number (if no RSA ID)

Employee number

Email address

Date of retirement

Annual salary at exit R

Last employee contribution R

Member's residential address

Member's postal address

Date of birth

Country of issue

Membership number

Cellphone number

Income tax number

Last contribution month

Last employer contribution R

Reason for retirement Normal Early Late Ill Health

Benefit Options (Select ONE option only)

Cash Lump Sum Purchase a pension with the entire benefit* Part cash and purchase pension with balance*

* Please attach a copy of the Application Form. Cash portion R

Member's bank account details (must be member's OWN bank account)

Name of account holder

Name of bank

Account number

Type of account Savings Cheque Transmission

Name of branch

Branch code

MEMBER DECLARATION

- I confirm that all options in terms of the rules of the Fund have been explained to me.
- I agree that the payment of the benefit in terms of the option elected above is the full and final benefit payable from the SACCAWU National Provident Fund to me.
- I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Member's signature

Date

EMPLOYER DECLARATION

Prior claim YES NO

If "YES", please complete a Prior Claim Form and attach it to this form.
Certified that the information supplied in this form is accurate and complete.

Employer's signature

Designation

Date



7.3 DEATH CLAIMS

7.3.1 Death of an Employee (Member of the Fund)

Section 37C of the Pension Funds Act holds the Fund's Board of Trustees responsible for the allocation and distribution of a deceased member's death benefit. This benefit is the Group Life Assurance benefit plus the accumulated fund value (balance in the member's account) and excludes the Funeral Benefit. For details of the Funeral Benefit, please refer to Section 7.3.2 of this Guide.

As part of this decision making process, the Trustees need to obtain detail about the deceased employee's –

- Legal dependants, e.g. wife, husband, children
- Financial dependants, e.g. parents, fiancée, unborn child; and
- Any nominated beneficiaries, in other words someone that was neither a legal nor a financial dependant but who was nominated by the deceased employee to receive some of his/her death benefit.

The Trustees rely very much on the Employer to assist them in gathering the above detail, and various forms are made available to assist Employers for this purpose.

Please remember that an employee who is in receipt of a monthly disability income benefit is still regarded as an active member of the Fund. When such an employee dies before reaching the Normal Retirement Age for the Fund, a death benefit as described above is still payable and the requirements as set out in this Section equally apply.

The Death Claim Forms Package (see pages 21-49) provides full detail of all the information and documentation requirements for a death claim.

DEATH BENEFIT CLAIM FORM

OVERVIEW



Please accept our sincere condolences on your recent loss.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to: SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

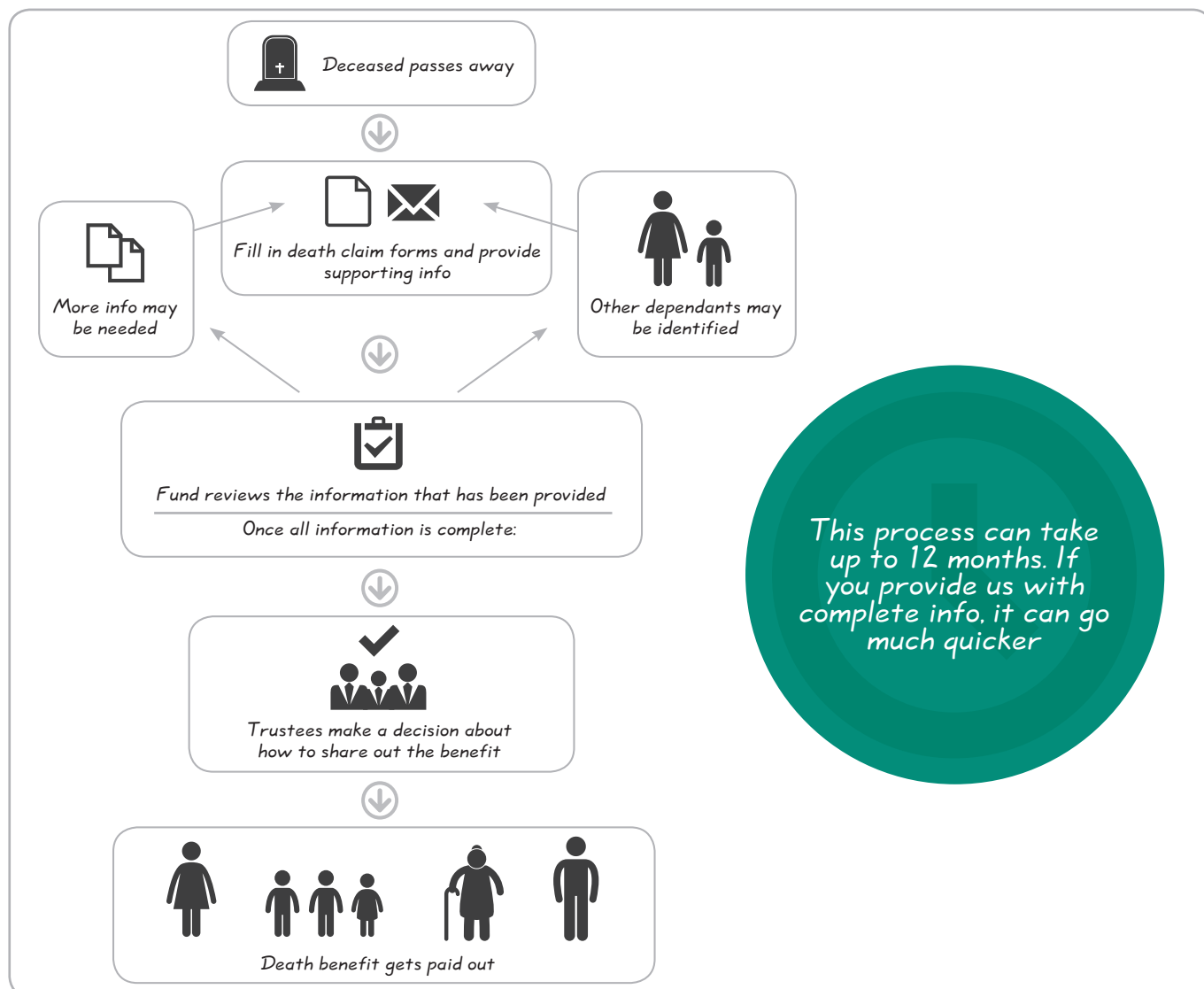
193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002

OVERVIEW

To pay out the death benefit from the Fund, we must make sure that all the people who depended on the member are fairly considered and protected. We must try to identify everyone who depended on the member for financial support, all dependants, and anyone whom the member had a legal

responsibility to support. We need to understand how each person relied financially on the deceased member. We need the attached forms to be filled in, together with certified copies of other documents. The picture and diagram below explain the process to be followed.



This process can take up to 12 months. If you provide us with complete info, it can go much quicker

WHAT IS THE PROCESS THE FUND MUST FOLLOW?

1 First: We identify dependants

- The Trustees must try to identify everyone who depended on the member for financial support, as well as anyone else who was legally dependant on the deceased member and any other dependants. We have to consider all of their needs and circumstances before sharing out the death benefit.
- We will always consider everyone that the member has listed on their **Beneficiary Nomination Form**.
- But if there may be other people who relied on support from the member, then the Fund may need to wait for up to **12 months** before sharing out the death benefit. Only if we are sure that we know about everyone will we pay out sooner than 12 months after the member's death.
- We rely heavily on the HR department at the member's work, on colleagues, on family and friends to help to identify everyone who relied financially on the member. **It can really speed up the process if we are sure that we know about all the potential dependants.**

2 Second: We need to understand HOW each person relied financially on the member, and how they were related to the member.

- We need all kinds of information, like ID documents; marriage and birth certificates; a copy of the member's Will; the **Beneficiary Nomination Form**; and financial details about dependants who wish to be considered. The **Death Claim Forms** and the supporting Annexures act as sworn affidavits.
- We have to be very careful that no-one is trying to cheat their way to some money, which is why we need certified copies.

3 Third: We share out the death benefit

- We share out the benefit fairly and reasonably to the people who were actually dependent on the member for support, and who would have depended on the deceased in future.
- **We do consider the member's written preferences** (the Beneficiary Nomination Form), but we sometimes need to act differently to obey the law. This may also mean that we can't always follow cultural or religious traditions.
- If the death benefit is big enough to provide appropriately for the needs of the member's financial dependants, then the law guides us in how we share any money between any nominees (and in certain cases, the member's Estate).

4 Finally, we are in a position to pay out the death benefit.

- Usually, we pay each person's share of the benefit into their bank account.
- However, if the benefit is for a child, we must make sure that the parent or guardian has the skills to be able to manage the money. This means that sometimes we may put the money into a special Beneficiary Fund, so that it can be paid out monthly or annually to help meet the child's needs.
- We have to **deduct tax** (where applicable) from the benefit paid to each person. We provide a benefit payment letter to each person, together with a copy of the relevant tax form (Form IRP5 or Form IT3a).

WHO MUST COMPLETE THESE FORMS?

- Someone who knew the Deceased (the person who died) well should **make sure that these Death Claim Forms are all filled in**. This could be the Deceased's spouse or partner, or a close family member, or a person who knew the Deceased's personal circumstances, or the Employer of the Deceased.
- Some of the forms may be filled in by other people. **Please only fill in the relevant forms**, but note that **Claim Form 1 (About the Deceased) MUST be completed**.
- The person who completes a form **must sign it in front of a Commissioner of Oaths**.

What forms must you fill in?

Forms that we ALWAYS need	Forms that we USUALLY need	Forms that we SOMETIMES need
<p>Claim Form 1 About the Deceased</p>	<p>Claim Form 2 About the spouse / Life partner / Ex-spouse / Guardian</p>	<p>Claim Form 5 Dependants who do not wish to claim</p>
<p>Claim Form 6 About the Employer</p>	<p>Claim Form 3 About the children</p>	<p>Claim Form 7 Police report</p>
	<p>Claim Form 4 Other financial dependants</p>	

Claim Form	Who should fill in this form?
Claim Form 1: About the Deceased (COMPULSORY - MUST BE FILLED IN)	Deceased's <u>spouse or partner</u> , or a <u>close family member</u> , or a person who knew the Deceased's personal circumstances, or the <u>Employer</u> of the Deceased.
Claim Form 2: About a Spouse or Permanent Life Partner or Ex-Spouse or Guardian	Deceased's <u>Spouse</u> (husband or wife) AND/OR <u>Permanent Life Partner</u> AND/OR <u>Ex-Spouse</u> AND/OR <u>Guardian</u> Each person should <u>complete a separate form</u> .
Claim Form 3: About any Children (All children of the Deceased: Biological, adopted, foster, stepchild, regardless of age)	<u>Parent or Guardian</u> of any children of the Deceased.
Claim Form 4: Other financial dependants	<u>Anyone else</u> who was financially dependent on the Deceased – for example, parents, grandparents, brother or sister, or similar.
Claim Form 5: Dependants who DO NOT wish to claim	Anyone who may have been a Dependant, but DOES NOT want to receive a portion of the benefit. (This may include any of the above family members).
Claim Form 6: About the Employer (COMPULSORY)	A manager or colleague or HR representative at the <u>Deceased's Employer</u> .
Claim Form 7: Police Report (Only if death was not due to natural causes)	The investigating officer at the Police Station.

SUPPORTING DOCUMENTS

What other information do we need? (We need CERTIFIED COPIES, please!)	
General	Death certificate.
	If available: Beneficiary Nomination Form (if the Deceased nominated people for the death benefit).
	Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
	If available: Proof of income of the Deceased (such as a recent payslip).
	If available: Last Will and Testament or Next of Kin Affidavit (J192). The Next of Kin Affidavit must be filled in if the member died without a Last Will and Testament, by the person who reports the member's Estate to the Master of the High Court. You can get this form from the Master of the High Court or a Magistrate's Court.
	If available: Letter of Executorship or Letter of Authority (and the name of the Executor and/or Master of the High Court).
	If the Employer is claiming a refund from the benefit: Supporting documents, with acknowledgement of debt by member.
If the deceased was married	ID of the spouse.
	Marriage certificate/Proof of Customary Union.
	If available: Proof of any financial support.

If the deceased was divorced	ID of the Ex-Spouse.	
	Maintenance order and/or divorce order; or proof of termination of Common Law or Customary Union.	
	If available: Proof of income of Ex-Spouse.	
	If available: Proof of regular support by Deceased.	
If the deceased was widowed	Death certificate of Spouse.	
Children (all ages) and Grandchildren (if they depended on Deceased)	ID of each child.	
	Birth certificate of each child.	
	If available: Proof of any income or financial support of child.	
	Proof of schooling/student status.	
	If applicable: Proof of any disability likely to affect ability to work (Medical certificate or letter).	
	If applicable: Proof of Guardian's appointment.	
Other financial dependants or nominees	If applicable: Proof of income of Guardian.	
	ID of the dependant.	
	If available: Proof of any financial support.	

What is the difference between a dependant and a nominee?

- A dependant is usually someone who depended on the member for regular financial support – this is a factual dependant. Some people (such as a wife or a child) have a legal claim for maintenance, and they will also be considered as a legal dependant. The following people may be considered as dependants in terms of the Pension Funds Act:
 - > Spouses (including customary and religious unions, civil marriages and civil partnerships).
 - > Children (biological, stepchildren and legally adopted).
 - > Anyone proven to be dependent on the Deceased for maintenance or financial support, or legally liable for maintenance or financial support (e.g. in terms of divorce agreements or maintenance orders). This could be someone who would have become legally liable for maintenance, had the Deceased not died (e.g. engaged to be married, unborn children).
- A nominee is someone who the member nominated in their Beneficiary Nomination Form to receive a portion of the benefit. They may ALSO be a dependant, but not always.
- Being nominated by the Deceased does not mean you will definitely get a benefit. We have to consider the circumstances of all the dependants. Only if there is money left over (after considering the needs of all the dependants) will a nominee who is not a dependant receive a share of the benefit.

WHAT DO ALL THESE WORDS MEAN? (GLOSSARY)

Word	Meaning
Affidavit	A signed statement that you promise to be true in front of a Commissioner of Oaths. Also called a Sworn Declaration.
Adopted child	A child where a legal process has been followed to take the child into your family, so that the child is recognised as your own child.
Beneficiary	A person who gets a share of the Death Benefit from the Fund.
Biological	Real/related by blood/direct family
Beneficiary Nomination Form	The form filled in by the Deceased, which lists the people who the Deceased wants the Trustees to consider when sharing out the Death Benefit.
Certified copy	A copy of a document that has been stamped and signed by a Commissioner of Oaths to show that it is true and accurate.
Colleague	Someone the Deceased used to work with.
Commissioner of Oaths	A trusted person (like a policeman, a lawyer, a certified Post Office employee, or some Old Mutual branch employees) who will stamp your documents to confirm they are true and correct.
Compulsory	A section that <u>must</u> be filled in.

Conflicting information	If the information given to us does not all fit together, or seems to be wrong.
Curator	A legal representative appointed by the Court to manage the finances and property of another party. The curator fulfills these duties for as long as the curatorship is in place.
Death Benefit	The amount of money payable upon the death of a member (i.e. as a consequence of the death of the member).
Deceased	The member of the Fund who has died.
Declare under oath	To make a sworn statement in the presence of a Commissioner of Oaths.
Dependant	Someone who relied on the Deceased member for financial support on a regular basis, or someone who was legally dependant on the Deceased, or someone who would have become legally dependent. Please see Section 1 of the Pension Funds Act for a complete definition.
Executor	A person who has been appointed by the Master of the High Court to administer the Deceased's estate.
Foster child	A child who you have taken into your family to look after, but have not officially adopted.
Fund	The SACCAWU National Provident Fund.
Guardian	The person legally responsible for the care and management of a child under the age of 18.
Last Will and Testament	A formal document stating the Deceased's wishes in terms of who is to receive their money and/or possessions when they pass away. This does NOT include the Death Benefit payable from the Fund.
Legally liable	Responsible
Maintenance	Financial support that must be paid to any person to whom a duty of support is owed.
Marriage types:	<ul style="list-style-type: none"> • Civil, with Ante-Nuptial Contract: The marriage is conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract. • Civil Union Partnership: A marriage or partnership registered in terms of the Civil Union Act. • Customary Union: A marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exist in South Africa. A customary union concluded after 15 November 2000 must meet the requirements set out in the Recognition of Customary Marriages Act. • Religious Union: A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.
Misrepresentation	False or misleading information.
Next of Kin	The person most closely related by blood to the Deceased.
Nominated	Designated in writing to the Fund.
Occupation	Your job (e.g. office clerk/doctor/policeman/mineworker/technician, or similar)
Pension Funds Act	The South African law about retirement funds.
Permanent Life Partner	Where a couple lives together outside marriage, but in a relationship which is similar to a marriage, they are called "Permanent Life Partners".
Qualifications	The courses you have studied (e.g. matric/university degree/college diploma/FET certificate).
Spouse	Your husband or wife.
Stepchild	A child of your husband or wife, from another relationship.
Sworn Declaration	A sworn statement made in the presence of and administered by a Commissioner of Oaths.
Trustees	The Management Board of the Fund, who is responsible to govern the Fund and make decisions.

DEATH BENEFIT CLAIM FORM

1

ABOUT THE DECEASED

This Claim Form 1 tells us about the Deceased Member (the person who has died).

It should be completed by:

- > The Deceased's Spouse/Partner, OR
- > A close family member, OR
- > A person who knew the Deceased's personal circumstances, OR
- > The Employer.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002



Please attach certified copies of the following to this form:

- A copy of the Deceased's ID.
- A copy of the Death Certificate.
- If available: Last Will & Testament or Next of Kin Affidavit (J192)
- If available: Letter of Executorship or Letter of Authority.
- If available: Proof of income of the Deceased (e.g. a payslip).
- Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties.



A

PERSONAL DETAILS OF THE DECEASED

Title _____ Surname _____

Full name(s) _____

SA ID number

Income tax number _____

Passport number (if no ID number)

Passport: country of issue _____

Date of birth

Date of death

Last residential address _____

Code: _____

Last postal address _____

Code: _____

Last home telephone _____ Last cellphone _____

Employer: company name _____

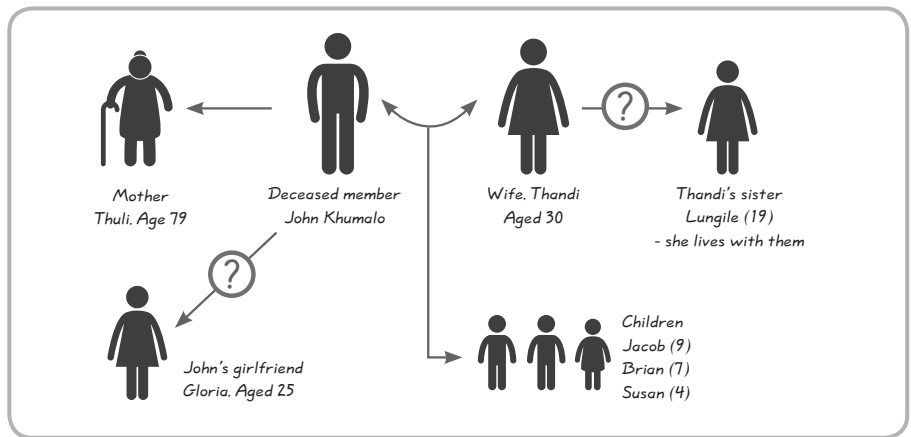
B SUMMARY OF THE FAMILY AND THOSE WHO MAY HAVE DEPENDED ON THE DECEASED

Did the Deceased have	YES	NO	How many?	Which form(s) should be filled in?
A Spouse (Husband or Wife (Civil marriage, customary marriage or civil union))				Claim Form 2 for each Spouse
A Permanent Life Partner				Claim Form 2 for each Partner
An Ex-Spouse (i.e. divorced)				Claim Form 2 for each Ex-Spouse
Children				Claim Form 3 for each Child
Grandparents, grandchildren or nephews/nieces who depended on him/her financially				Claim Form 3 for each Child
Other people who depended on him/her financially or for whose maintenance he/she was liable/responsible (e.g. parents, brother/sister, girlfriend/boyfriend)				Claim Form 4 for each person
Other	YES	NO	How many?	Which form(s) should be filled in?
Is a Guardian looking after any of the Deceased's children?				Claim Form 2 for each Guardian
Was the death due to natural causes (e.g. illness or old age)?				If NO: Claim Form 7



Draw us a picture if you want:

We need to know about everyone and their relationship with the member. If it will help, draw us a picture or a diagram showing how everyone is related, like the example on the right. Please attach your picture to this form.



C WHO DID THE DECEASED LIVE WITH AT THE DATE OF HIS/HER DEATH?

Who is now the head of the household in the home where the Deceased lived before his/her death?

Full name(s)		Surname	
ID number		Date of birth	
Telephone (H)		Telephone (W)	
Cellphone		Email address	
How long was the deceased living in this household?			
Relationship to the deceased			

D ANY INSURANCE, LIFE COVER, INHERITANCE OR SIMILAR BENEFITS

We need to know about any other money which has been paid/will be paid as a result of the Deceased's death. Please list any inheritance, policies of insurance, life cover from other retirement funds, funeral cover, or similar benefits payable.

Description (e.g. funeral cover/inheritance/life cover)	Insurer or name of Fund paying the benefit	Policy or Reference Number (if available)	Person(s) likely to receive the benefits	Expected Value	Date payable

E DETAILS ABOUT THE MASTER OF THE HIGH COURT AND THE EXECUTOR

Has the death been reported to the Master of the High Court?	Y/N	If available: What is the reference number?	
Has an Estate been registered?	Y/N	If yes: Is the Estate solvent?	Y/N
Full name(s) and surname of Executor			
Telephone (W) of the Executor			
Email Address of the Executor			

F ADDITIONAL DETAILS

Please provide any other details about the Deceased or people who depended on him/her or for whose maintenance he/she was liable/responsible that you think are relevant:



SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct.

I indemnify the SACCAWU National Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the Deceased	

- > The SACCAWU National Provident Fund Management Board has a legal duty in terms of Section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the Deceased Member.
- > Please make sure that all information is complete and correct to assist the Board to pay the death benefit in a fair and appropriate way. This includes details of income, expenses, financial support, and your relationship with the Deceased, as asked for on this form and supporting forms.
- > The Board has the discretion to share out the death benefit to dependants of the Deceased and/or nominated beneficiaries of the Deceased.
- > The Board may check the information provided, when conflicting information is received or if they need to check the facts.
- > Any misrepresentations, either stated or withheld, may influence the decision by the Board in how they share out the death benefit.



STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official Stamp	

DEATH BENEFIT CLAIM FORM

2

ABOUT THE SPOUSE/LIFE PARTNER/EX-SPOUSE/GUARDIAN

For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 2 provides us with information about the:

- Spouse (husband or wife) of the Deceased;
- Permanent Life Partner of the Deceased;
- Ex-Spouse of the Deceased; OR
- Guardian of one or more children of the Deceased.

It should be completed by a Spouse / Permanent Life Partner / Ex-Spouse / Guardian.

Each relevant person should complete a separate Claim Form 2. For example:

- If the Deceased had more than one Spouse at date of death, each Spouse should complete a separate Form 2.
- If the Deceased was divorced, and someone else is acting as the Guardian of the children, then the Ex-Spouse and the Guardian should each complete a separate Claim Form 2.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002



Please attach certified copies of the following to this form, where applicable:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of your ID.
- If applicable: Proof of your marriage to the Deceased. (For example, a copy of your marriage certificate, Lobola certificate or confirmation by a traditional or religious leader).
- If applicable: Proof of your divorce from the Deceased.
- If you are a Guardian and you have been legally appointed by the Court: Proof of legal appointment as Guardian.
- If applicable: Proof of income.



A

DETAILS ABOUT YOU, THE SPOUSE / LIFE PARTNER / EX-SPOUSE / GUARDIAN

Title _____ Surname _____

Full name(s) _____ Maiden/previous surname(s) _____

SA ID number

Date of birth

Passport number (If no ID number)

Passport: country of Issue _____

Residential address _____

Postal address _____

Telephone (H) _____ Telephone (W) _____

Cellphone _____ Email address _____

Do you have any disabilities or other health problems? (If yes, please describe and provide proof) _____

B

BANKING DETAILS

We will need your bank details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

Name of account holder _____ Name of bank _____

Account number _____ Type of account _____

Branch name _____ Branch code _____

Cellphone _____ Email address _____

Account holder relationship: *(Is the account your own, a joint account, or is it a third party's bank account?)*

C

YOUR INCOME AND EXPENSES

Please tell us about all monthly income and other financial support at the time of the Deceased's death. Please provide a copy of a salary slip(s) where available.

MONTHLY INCOME from all sources at the time of the Deceased's death	My Income	If you were the Spouse or Life Partner: Deceased's Income
Total Salary/Wages (Gross salary before tax and other deductions)		
Maintenance (e.g. from a divorced spouse)		
Pension income		
Investment or rental income		
Other (please provide details):		
- Other		
Total income (before tax and deductions)		

Please tell us about all monthly expenses and costs at the time of the Deceased's death.

List of all monthly EXPENSES at the time of the Deceased's death	Amounts That I Paid	If you were the Spouse or Life Partner: Amounts that the Deceased paid
Deductions from salary/wages:		
- Tax		
- Medical aid		
- Pension or Provident Fund contributions		
- Other deductions		
Rent / House repayments		
Groceries		
Education: School or tuition fees		
Education: Transport, school uniform, and other costs		
Transport		
Telephone		
Rates and municipal expenses		
Accounts (e.g. furniture or clothing stores; car repayments; garnishees; etc)		

List of all monthly EXPENSES at the time of the Deceased's death	Amounts That I Paid	If you were the Spouse or Life Partner: Amounts that the Deceased paid
Other expenses (please provide details):		
- Other		
- Other		
Total monthly expenses		

If your expenses are more than your income, please tell us how you deal with the shortfall of money.

Have you ever been declared insolvent (bankrupt) or placed under administration?	Y/N
If Yes, please provide details.	

D

YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of Asset	Current Value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of Liability	Amount still owed

E

YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your Employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:


How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes: For how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes: How much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			

F

DETAILS ABOUT CHILDREN

Please list all children of the Deceased. Please include biological, adopted, foster or stepchildren; regardless of age.

Children of the Deceased where I am the Parent, Guardian or Caregiver.					
Child's full name	Child's date of birth	Child's ID number	Lives with me	I am the legal Guardian	Did the Deceased support the child financially?
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N



Take Note:
Please fill in a Claim Form 3 (About any Children) for each child of the Deceased where you are the Parent, Guardian or Caregiver.

Are you aware of any other biological children of the Deceased (born in or out of marriage), OR any other children who depended financially on the Deceased (e.g. grandchild, niece or nephew)?	Y/N		
If YES: Please provide brief details.			
Child's full name	Child's date of birth	Child's ID number	Did the Deceased support the child financially?
			Y/N
			Y/N
			Y/N

If you were the <u>Husband/Wife (Spouse)</u> of the Deceased:	Please complete Section G
If you were the <u>Permanent Life Partner (not married)</u> of the Deceased:	Please complete Section H
If you were the <u>Ex-Spouse (i.e. divorced)</u>:	Please complete Section I
If you are the <u>Guardian</u> of one or more of the Deceased's children:	Please complete Section J

Marriage Types:



- > **Civil, in community of property:** The marriage is conducted by a marriage officer (who can also be a minister of religion), but there is no Ante-Nuptial Contract.
- > **Civil, with Ante-Nuptial Contract:** The marriage is conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract.
- > **Civil Union Partnership:** A marriage or partnership registered in terms of the Civil Union Act.
- > **Customary Union:** A marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exist in South Africa.
- > **Religious Union:** A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.

G

HUSBAND/WIFE OF THE DECEASED: DETAILS ABOUT YOUR MARRIAGE TO THE DECEASED

Date of marriage: _____

Nature of your marriage (Please tick the correct box):

Civil, in community of property Civil, with Ante-Nuptial Contract Civil Union Partnership Customary Union Religious Union

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader) _____

If a Religious Union: In terms of which religion were you married? _____

Were you living together at the date of death?	Y/N	If No: Since when were you living apart?	(Date)
Was the Deceased assisting you financially at the date of death?	Y/N	(If yes – please provide full details in Section C)	
If you were living apart: Please tell us about your relationship with the Deceased. Why were you living apart? Were you living apart for work reasons?			
Was the Deceased involved in any other relationship(s)?			



PERMANENT LIFE PARTNER: DETAILS ABOUT YOUR RELATIONSHIP WITH THE DECEASED

We need to determine whether you and the Deceased were Permanent Life Partners and how much you depended financially on the Deceased. We encourage you to provide as much information as possible to show that you and the Deceased were Life Partners.

When did your relationship begin?	(Date)	Did you live together?	Y/N
How long were you in a relationship?		For how long did you live together?	
Were you living together at date of death?	Y/N	If No: Since when were you living apart?	(Date)
Was the Deceased assisting you financially at the date of death?	Y/N	(If yes – please provide full details in Section C)	

Where did you and the Deceased live?

Address _____

How long did you live at this address? _____

Who owns this property? _____ Their phone number _____

Did you and the Deceased do any of the following?

1. Enter into any written agreement providing for the material, financial and/or other consequences of your relationship?	Y/N
a. If Yes: Please supply us with a copy of the agreement.	
b. If No: Please supply any reasons why this was not done:	
2. Have any kind of ceremony to publically confirm your relationship? If Yes: Please provide full information and all available proof.	Y/N
3. Get Engaged?	Y/N
4. If you got engaged: Did you let any people know about your engagement?	Y/N
a. If yes: Who knew about your engagement?	
b. If No: Any reasons why you did not tell people about your engagement?	
5. Share expenses such as rent or a home loan? If Yes: Please supply us with full details in C above.	Y/N
6. Jointly own or lease the Property where you lived at the time of Death?	Y/N
a. If yes: Please provide documents as proof	
7. Choose to be a Dependant on the Deceased's medical aid (or the other way around)? If Yes: Please provide us with a copy of the statement signed by you and the Deceased where you declared your Life Partnership to the medical aid.	Y/N
8. Take out life assurance policies on each other's' lives, or are you named as beneficiaries on each other's policies?	Y/N
a. If Yes: Please supply full details and/or documentation	
9. Open a Joint Bank Account, or regularly transfer money between your respective bank accounts?	Y/N
a. If Yes: Please supply full details and/or documentation	
10. Did the Deceased leave a will naming you as an heir? If Yes: Please supply us with a copy of the will	Y/N
11. Were you a nominated beneficiary on the Deceased's pension or provident fund (or vice versa)? If Yes: Please provide documents as proof	Y/N
12. Is there a family member of the Deceased who can confirm you were Permanent Life Partners at the time of death? If Yes: Please give us full contact details:	Y/N
Name and Surname	Phone Number
Relationship to the Deceased	
Please obtain a sworn affidavit (a document signed in front of a Commissioner of Oaths) from this family member, where he or she provides details about the following:	
<ul style="list-style-type: none"> • Did both Life Partners confirm their relationship as Permanent Life Partners? • How was this confirmed? • When was this confirmed? 	

I EX-SPOUSE (DIVORCED): DETAILS ABOUT YOUR RELATIONSHIP TO THE DECEASED

Date of marriage _____ Date of Divorce _____

Nature of your marriage (Please tick the correct box)

Civil, in community of property Civil, with Ante-Nuptial Contract Civil Union Partnership Customary Union Religious Union

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader) _____

Were you living together with the Deceased at the date of his/her death?	Y/N	If No: Since when were you living apart?	(Date)
Have you remarried?	Y/N	If not remarried: Are you living together with a partner?	Y/N

Did the Deceased pay maintenance, or had the Deceased agreed to pay maintenance?

In terms of a maintenance order or agreement?	Y/N	If Yes, please provide proof of the maintenance order/agreement
Voluntarily?	Y/N	If Yes, please details of the support and proof (e.g. bank statement showing deposits)
Are there any claims against the Deceased's Estate for maintenance?	Y/N	If Yes, please provide details and/or supporting documents
What was the amount of monthly maintenance paid at date of death?		
Ex-spouse:		
Children:		

At the time of your divorce, was an order made by the court that the Fund must deduct an amount from the Deceased's benefit for your benefit?	Y/N
Has this divorce order amount been paid to you?	Y/N

J GUARDIAN: DETAILS ABOUT YOUR APPOINTMENT AS GUARDIAN

Please provide any relevant details about your appointment as Guardian of the child/children of the Deceased.

If you were also financially dependent on the Deceased: Please provide any relevant details.

K ADDITIONAL DETAILS

Please provide any other details about your relationship with the Deceased that you think are relevant:

--



SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct.

I indemnify the SACCAWU National Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the Deceased	



STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official Stamp	

DEATH BENEFIT CLAIM FORM

3

ABOUT ANY CHILDREN

For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 3 provides us with information about any children of the Deceased, and any other children who depended financially on the Deceased. It should be completed by a Parent or Guardian. If the child is older than 18, they can complete the form themselves.

A separate Claim Form 3 must be completed for EACH child.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002

Please attach certified copies of the following to this form:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of the child's ID and Birth Certificate.
- If applicable: Proof of schooling/student status.
- If available: Proof of any income or financial support of child
- If applicable: Proof of any disability likely to affect the child's ability to work (Medical certificate or letter).



A

DETAILS ABOUT THE CHILD

Title _____ Surname _____

Full name(s) _____ Maiden/previous surname(s) _____

SA ID number

Date of birth

Passport number (if no id number)

Passport: country of issue _____

Residential address _____

Postal address _____

Telephone (H) _____ Telephone (W) _____

Cellphone _____ Email address _____

Who is currently looking after the child? Full Names, Surname and ID of the biological / adoptive parents of the child

Mother's Name and Surname	
Mother's ID Number	
Father's Name and Surname	
Father's ID Number	

Please click the applicable box(es) about the child:

Employed Learner (at school) Pre-school Unemployed Student (at university, college, FET or similar) Disabled

If disabled: Please provide proof of disability (e.g. a letter from a doctor, or similar).	YES	NO
Do you think the child will be able to work (due to the disability)?		
Is the disabled child receiving a social grant?		

If the Child is employed:	
What is the child's Occupation?	
What is the highest grade passed?	
Details about the child's education and qualifications	

What is the child's total monthly income?		What are the child's total monthly expenses?	
---	--	--	--

B

RELATIONSHIP TO THE DECEASED

Biological child of the Deceased	Y/N	Adopted (provide proof of adoption)	Y/N
Foster child	Y/N	Stepchild	Y/N
Outside of marriage	Y/N	Other (please describe)	Y/N

If the Deceased was not the biological or adoptive parent (e.g. a foster child, stepchild, nephew or niece, etc.):

Are the biological parents alive?	
Can the biological parents support the child? Please provide details.	

C

FINANCIAL SUPPORT FROM THE DECEASED

What financial support did the Deceased provide to the child? (Please tick all the options that applied).

Housing? Food and clothing? A regular amount of money? Education? Other? If money: How much p/month?

D

BANKING DETAILS

If the child is 18 or older, please provide the child's banking details:

Name of account holder _____ Name of bank _____

Account number _____ Type of account _____

Branch name _____ Branch code _____

Account holder relationship: (Is the account your own, a joint account, or is it a third party's bank account?)

E

SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct.

I indemnify the SACCAWU National Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the Deceased	

F

STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official Stamp	

DEATH BENEFIT CLAIM FORM

4

OTHER FINANCIAL DEPENDANTS

For reference purposes:

Name and Surname of the Deceased (as per the ID book)

ID Number or Passport Number of the Deceased

- This Claim Form 4 provides us with information about **anyone else who was financially dependent on the Deceased** (e.g. **parents, brother or sister, boyfriend or girlfriend, or similar**).
- It should be completed by anyone else who was financially dependent on the Deceased at the time of death.
- A separate Claim Form 4 needs to be completed for each person.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002

Please attach certified copies of the following to this form:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of your ID.
- If applicable, proof of your income.
- If applicable, proof of employment.



A

PERSONAL DETAILS

Title _____ Surname _____

Full name(s) _____ Maiden/previous surname(s) _____

SA ID number

Date of birth

Passport number (If no ID number)

Passport: country of Issue _____

Residential address _____

Postal address _____

Telephone (H) _____ Telephone (W) _____

Cellphone _____ Email address _____

What was your relationship to the Deceased? For example: Parent / brother or sister / boyfriend or girlfriend / grandparent

Are you a Pensioner?	Y/N		
Do you receive a State Old Age Grant from the Government?	Y/N	Amount of pension received	
Do you have any disabilities or other health problems? (Please describe and provide proof, such as a medical certificate.)			

Are you:

Single	Y/N	Married	Y/N
Divorced	Y/N	Widowed	Y/N
Separated	Y/N	Life Partner	Y/N

B

BANKING DETAILS

We will need your bank details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

Name of Account Holder _____ Name of Bank _____

Account Number _____ Type of Account _____

Branch Name _____ Branch Code _____

Account holder relationship: *(Is the account your own, a joint account, or is it a third party's bank account?)*

OWN

JOINT

THIRD PARTY

C

DETAILS ABOUT CHILDREN

Please provide us with brief details of any children who depend on you financially.

Child's full name	Child's date of birth	Child's ID number	Biological Father	Biological Mother	Did the Deceased support the child financially?
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N

If the Deceased was the father or mother of any of these children: Please complete a Claim Form 3 (About any Children) for EACH child of the Deceased.

D

DETAILS OF DEPENDENCY

Please give reasons why you were financially dependent on the Deceased?

How did the Deceased support you?

How much money did the Deceased support you with?

How often did you receive money from the Deceased?

E

YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your Employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:

How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes: For how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes: How much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			
What attempts have you made to find work or employment or to start a business?			

F

YOUR INCOME AND EXPENSES

What is your total monthly income?		What are your total monthly expenses?	
------------------------------------	--	---------------------------------------	--

G

YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of asset	Current value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of liability	Amount still owed

H

ADDITIONAL INFORMATION

Please provide any other details about your relationship with Deceased that you think are relevant:

I

SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is **true and correct**.

I indemnify the SACCAWU National Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signed at (place)		Date signed	
Telephone		Cell phone	
Signature		Relationship to the Deceased	

J

STATEMENT by a COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official Stamp	

DEATH BENEFIT CLAIM FORM

5

DEPENDANTS WHO DO NOT WISH TO CLAIM

For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 5 should be completed by an adult who is a dependant of the Deceased, but who **does not wish to claim or receive any benefits from the Fund.**

If you need help filling in this form, please call 011 706 6123. Please return these forms to:

SACCAWU National Provident Fund, PO Box 1850, Johannesburg 2000
 193 Bryanston Drive, The Braes (1st Floor), Moraine House, Bryanston 2021
 85 Eloff Street, Royal Place (Room 608), Johannesburg 2000
 Email: info@snpf.co.za
 Fax: 011 706 6243
 Fax2email: 086 661 0002



Please note that for the allocation of death benefits, the following persons qualify as dependants in terms of the Pension Funds Act:

- A spouse, who concluded a customary marriage, civil marriage, registered civil union or marriage in accordance with a widely recognised religion.
- Children (biological, legally adopted and children born outside of marriage).
- Anyone proven to be factually dependent on the Deceased for maintenance/financial support at date of death.
- Anyone to whom the Deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children).

NB: The definition of a “dependant” as it appears in the Pension Funds Act, is not set out here. Please consult the Pension Funds Act should you not be clear as to whether you are a dependant or not.



Please attach a certified copy of your ID to this form:

A

SWORN STATEMENT BY THE PERSON FILLING IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, _____ (full names and surname) declare under oath, in full knowledge of my rights, and having had the opportunity to take advice, that I do not want to claim from or be paid any benefit by the Fund arising from the death of the Deceased and waive any right I might have to such benefit. I confirm that I have been informed that I might qualify to be paid a portion of the death benefit. I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Identity number		Telephone	
Address		Email address	
Reason why I do not wish to receive any portion of the benefit:			
Signed at (place)		Date signed	
Signature of the person waiving their right to claim or be paid any benefit			

B

STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official stamp	

DEATH BENEFIT CLAIM FORM

6

ABOUT THE DECEASED'S EMPLOYER

For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 6 provides us with information about the **Deceased's Employer**. It should be completed by the Deceased's Employer – for example, an HR staff member or manager.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000

Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021

Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000

Fax2email: 086 661 0002

A DETAILS OF THE DECEASED'S EMPLOYER

Name of employer	
Contact person (name and surname)	
Email address	
Postal address	
Cellphone	
Telephone (W)	
Fax number	

B DEDUCTIONS FROM THE BENEFIT

Is there any amount of money which should be deducted from the Death Benefit to cover damage caused by the Employee as a result of theft, dishonesty, fraud or wrongdoing by the Deceased, where the Deceased has agreed this in writing with the Employer or where the Deceased has been found guilty in any court of law?

Court case number		Written admission	Y/N
--------------------------	--	--------------------------	-----



Please attach a **CERTIFIED COPY** of court judgement or Written Admission

Are you aware of the member having any of the following?

Divorce Orders which need to be deducted from the Fund?	Y/N	Housing Loan Surety from the Fund?	Y/N
Was the death due to unnatural causes (e.g. accident, murder, or suicide)?			Y/N

C

DETAILS ABOUT DEPENDANTS

Please provide us with brief details about any children of the Deceased (biological, adopted, foster or step-children) that you are aware of. Please ask colleagues or friends of the Deceased for information, to make sure you find out as much information as possible.

Children of the deceased				
Child's full name	Child's date of birth	Did the Deceased support the child financially?	Name of biological mother of the child	Name of biological father of the child
		Y/N		
		Y/N		
		Y/N		
		Y/N		

Please list anyone else who may have depended financially on the Deceased at the date of death. Please ask colleagues or friends of the Deceased for information.

Any other Dependants (e.g. husband or wife, partner, parent, brother or sister, or similar)		
Full name	Date of birth	Relationship to the deceased

D

DECLARATION BY EMPLOYER

Please provide us with brief details about any children of the Deceased (biological, adopted, foster or step-children) that you are aware of. Please ask colleagues or friends of the Deceased for information, to make sure you find out as much information as possible.

I, _____ (full names and surname) declare that

- all details provided in this document and the supporting documentation are true and correct; and
- the options in terms of the Rules of the Fund have been fully explained to the beneficiaries.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signed at		Date	
Telephone		Job title	
Signature		Official stamp	

E

STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name & Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official stamp	

DEATH BENEFIT CLAIM FORM

7

POLICE REPORT FOR UNNATURAL DEATHS

For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 7 provides us with information about the Unnatural Cause of Death of the Deceased. **It only needs to be completed if the Deceased died as a result of Unnatural Causes (e.g. an accident, murder or suicide)**. It should be completed by the investigating officer at the police station where the Deceased's death was reported.

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000

Email: info@snpf.co.za

Fax: 011 706 6243

Fax2email: 086 661 0002

A

INVESTIGATING OFFICER'S REPORT

1. Date and details of death:

a. Date of death	
b. Date identified	
c. Place of death	
d. Who identified the deceased?	
e. What is this person's relationship to the deceased?	
f. Was the death due to an accident?	Y/N
g. If the death was not due to an accident: What was the cause of death?	

2. Name of the police station where the death was reported.

a. Case reference number	
b. Investigating Officer	

3. Have criminal proceedings been or will criminal proceedings be instituted?

	Y/N
a. What was the charge?	
b. Who was charged?	
c. If judgment has been given, what was the verdict?	
d. Is there any suspicion or probability of family involvement in the death of the deceased?	Y/N

4. Please give a short description of the circumstances of death:

B

DETAILS OF THE INVESTIGATING OFFICER

Name of investigating officer		Rank	
Signed at (place)		Date signed	
Telephone		Cellphone	
Signature of investigating officer		Official stamp	

7.3.2 Funeral Benefit

When is funeral benefit payable?

A Funeral Benefit will be payable on the death of –

- The member;
- The member's spouse; or
- The member's child

Documentation Requirements

The following documentation must be submitted for a funeral claim –

- Notification of Funeral Claim Form (see page 51)
- Certified copy of the deceased's ID document
- Certified copy of the death certificate
- Certified copy of marriage certificate or an affidavit (in the case of the death of a spouse of the member)

The fully completed forms and required supporting documentation must be sent to the office of the Fund:

SACCAWU National Provident Fund

PO Box 1850

Johannesburg

2000

Email: info@snpf.co.za

193 Bryanston Drive

The Braes (1st Floor)

Moraine House

Bryanston 2021

Fax: 011 706 6243

85 Eloff Street

Royal Place (Room 608)

Johannesburg

2000

Fax2email: 086 661 0002

FAMILY BENEFIT CLAIM FORM

Please attach the following:

- Copy of death certificate, certified by a Commissioner of Oaths or the SAPS (if handwritten abridged death certificate, please provide the letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided),
- Certified copy of member's identity document,
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- Member's latest payslip,
- Bank statement and certified copy of beneficiary's identity document (ONLY if payable to beneficiary/member).

In addition, if application is for a spouse:

- Certified copy of spouse's identity document,
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- Marriage certificate, or
- Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or
- Declaration/affidavit from a third party confirming the duration of the relationship, e.g. Tribal Chief, Minister of Religion, parent of the deceased, labolla agreement (ONLY if the above is not available).

In addition, if application is for a child:

- Certified copy of child's identity document/birth certificate,
- Please confirm gestational age of the foetus weeks
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- Employer records, Beneficiary Nomination Form, Medical Aid Nomination Form, or
- Affidavit from the other parent/third party confirming that the main member is the biological parent of the child (ONLY if the above is not available).

SCHEME DETAILS

Employer name

Scheme name Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of joining scheme

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of joining employer

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death (if applicable)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DECEASED PERSON'S DETAILS – complete only if the deceased is a spouse or child of the member

First name(s)

Surname

Identity number Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Relationship to member Spouse Child

PAYMENT DETAILS

Benefit details

Family cover at date of death R

Family cover payable to

Cellphone

Bank account details

In terms of the policy document, the benefit is electronically transferred to the relevant bank account.

Name of account holder

Name of bank Name of branch

Account number Branch code

Type of account Savings Cheque Transmission

Address for confirmation of payment

Contact person

Postal address

Postal code

Email address

Telephone Code Number

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as and duly authorised to make this declaration, hereby declare that:

- i. the person whose death gave rise to this claim has in fact died and was a legitimate participant under this scheme; and
- ii. that payment of the proceeds, due in respect of the above member, in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of this member.

I/We hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me/us.

Signed at on this day of 20

Name

Signature



7.3.3 Death of an Employee's Spouse (Spouse's Cover)

When is spouse's cover payable?

The Spouse's Cover will be payable on the death of a member's spouse. Please note that the spouse's cover benefit ceases when a member reaches normal retirement age.

Documentation Requirements

The following documentation must be submitted for a spouse's cover claim –

- Spouse's Cover Claim Form (see page 54)
- Certified copy of the deceased's ID document
- Certified copy of the death certificate
- Certified copy of marriage certificate or an affidavit (in the case of the death of a spouse of the member)
- Certified copy of deceased's latest payslip
- Employer records, Medical Aid Nomination form, or Beneficiary Nomination Form and other insurance policy
- Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties

The fully completed forms and required supporting documentation must be sent to the office of the Fund:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002

SPOUSE'S GROUP LIFE CLAIM FORM

If you need help filling in this form, please call 011 706 6123.

Please return these forms to:

SACCAWU National Provident Fund
PO Box 1850
Johannesburg
2000
Email: info@snpf.co.za

193 Bryanston Drive
The Braes (1st Floor)
Moraine House
Bryanston 2021
Fax: 011 706 6243

85 Eloff Street
Royal Place (Room 608)
Johannesburg
2000
Fax2email: 086 661 0002

Please attach the following:

- Copy of death certificate, certified by a Commissioner of Oaths or the SAPS (if handwritten abridged, letter from the Department of Home Affairs with reason),
- Certified copy of member's identity document,
- Member's latest payslip,
- Certified copy of spouse's identity document,
- Marriage certificate or labolla agreement, or
- Employer records, Medical Aid Nomination Form, or Beneficiary Nomination Form from any other insurance policy,
- Registration of death – Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties,
- If none of the above is available, we will consider accepting an affidavit from a third party, e.g. parent of the deceased.

SCHEME DETAILS

Scheme name

Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

EMPLOYER DETAILS

Name

Address

Postal code

Telephone Code Number

Email address

Date employed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date cover commenced

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Cause of death Accident YES NO

PAYMENT DETAILS

Benefit payable to:

Employer Beneficiary

The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract.

Bank account details

Name of account holder Identity number

Name of bank Name of branch

Account number Branch code

Type of account Savings Cheque Transmission

Address to which confirmation of payment should be sent:

Contact person

Postal address

Postal code

Email address

EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as and duly authorised to make this declaration, hereby declare:

- i. That the person whose death gave rise to this claim has in fact died and was a legitimate member of the scheme.
- ii. That at the time of his/her death the:
 - a) salary on which the premium was paid was R and
 - b) cover amounted to R
- iii. That payment of the proceeds, due in respect of the above member, in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of this member.

I/We hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me/us.

I/We hereby instruct Old Mutual Corporate to pay the Group Life Assurance benefit due to the persons below.

Signed at on this day of 20

Name

Signature



7.4 DISABILITY CLAIMS

What types of disability benefits are payable?

There are two types of disability benefits that could be payable when a member becomes disabled – please note that a member qualifies for only ONE of these disability benefit types – and this will depend on the type of benefit elected by the Participating Employer.

Disability Income Benefit

This benefit will provide the member with a monthly income benefit that is based on the salary that he/she was receiving immediately prior to becoming disabled.

The Insurer will monitor the health of the claimant at regular intervals to assess if the member could potentially return to work. Should the Insurer decide that the member has sufficiently recovered and can return to his/her original job or perhaps a different job in the Company, the disability income benefit will cease.

During the period that the member receives the disability income benefit, he/she remains a member of the SACCAWU National Provident Fund, and remains covered for retirement and death benefits. The employer and employee contributions therefore continue to be paid to the Fund.

When a disability income claimant dies before reaching normal retirement age, a death benefit will be payable as set out in the Rules of the Fund.

Alternatively, when the disability income claimant reaches normal retirement age, a retirement benefit will become payable and the disability income benefit will cease.

Lump Sum Disability Benefit

If a Participating Employer opted for a Lump Sum Disability Benefit, a disabled member will receive a cash lump sum. This cash lump sum is expressed as a multiple of the member's annual salary that he/she was earning at the time of disablement.

When this benefit becomes payable, membership of the SACCAWU National Provident Fund ceases, and the member will receive no further benefits from the Fund.

Documentation Requirements

Employers and employees are often frustrated by the length of time that it takes before the assessment of a disability claim is finalised. The delays are mostly caused by the need for additional documentation or missing information. In order to ensure the speedy assessment of a disability claim, it is essential that the Employer and the claimant completes the documentation fully and supply all supporting documentation requested by the Insurer when the claim is first submitted.

Please refer to the Application for Disability Benefits form (page 57) for the complete list of information and documentation required.

APPLICATION FOR **DISABILITY BENEFITS**

GUIDELINES

Please help Old Mutual to assess your claim correctly, and faster, by using these guidelines.

1. Complete the application form in detail as it gives us important information.
2. Write your answers in clear black or blue block letters so that it is easy to read.
3. Use this checklist to ensure that you hand in all the necessary documents.

Checklist	Tick
Employer section completed and signed	
Claimant section completed and signed	
Copy of the claimant's identification document	
Claimant's full job description or performance contract	
Comprehensive specialist report or completed medical questionnaire	
Sick leave records, with available reasons for absence	
Latest payslip with full salary (please supply the Total Guaranteed Package/Total Cost to Company)	
For the commission earners: Salary records for the last 12 months	
Payment to Bank	

Submit the claim electronically, by fax or post.

Email newclaims@oldmutual.com

Fax 021 509 6855

Old Mutual
PO Box 1659
Cape Town 8000

You are welcome to contact us at telephone 021 509 3059 if you are unsure about any aspect of submitting a claim.

APPLICATION FOR **DISABILITY BENEFITS**

Please print in block letters using black or blue ink.

SECTION 1 TO BE COMPLETED BY THE EMPLOYER

1.1 CLAIM INFORMATION

Scheme name

Scheme code

Employee's surname

Employee's first name(s)

Employee number Employee tax number

Employment date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date insurance cover began

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Normal retirement age

1.2 EMPLOYER CONTACT DETAILS

Employer name

Physical address
Province

Postal address
Code Province

Name of contact person

Telephone code number

Cellphone

Email

Name of line manager

Telephone code number

1.3 EMPLOYEE INCOME INFORMATION

When was the person last at work?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

On what basic annual income was the premium based at this date? R

Please supply the Total Guaranteed Package Salary/Total Cost to Company in order to calculate the tax in respect of the Group Income Protection benefit. R

When did this salary become effective?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

What was the employee's basic annual income for the previous three years? 20____, R
 20____, R
 20____, R

During which month is the annual salary increase granted?

Did the employee receive an increase after absence from work began? Yes No

If "Yes", when?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1.4 EMPLOYEE JOB DESCRIPTION

Job title

What are the main tasks that the employee must perform?

1.5 EMPLOYEE WORK PERFORMANCE

Is the employee currently on sick leave?

Yes No

If "Yes", when did sick leave begin?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If "Yes", when is the employee expected back at work?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1.5.1 How did the employee perform *before* the onset of the health condition?

1.5.2 How did the employee perform *after* the onset of the condition? Alternatively, what prevents full productivity?

1.5.3 What accommodations have been made to remove obstacles to productivity, e.g. changes to the employee's duties, work hours, environment or equipment used?

If none are in place, state what accommodations are planned for the future.

1.6 OCCUPATIONAL INJURIES AND DISEASES

Has the employee been injured on duty or developed an occupational disease?

Yes No

Does this claim relate to an accident?

Yes No

If "Yes", please supply details of the injury, illness or accident.

Please note that the **Insured Claims** process is separate from the **Injury On Duty** process.

1.7 DECLARATION BY EMPLOYER

I declare that the above information is true and correct, and that no information has been withheld or omitted.

Line Manager

Name

Telephone code number

Fax code number

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Human Resource Consultant

Name

Telephone code number

Fax code number

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION 2 TO BE COMPLETED BY THE EMPLOYEE

2.1 PERSONAL INFORMATION

Surname	<input type="text"/>											
Name(s)	<input type="text"/>											
Identity number	<input type="text"/>						Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Employee tax number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
Postal address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
Telephone	<input type="text"/>											
Work	code	<input type="text"/>	number	<input type="text"/>								
Home	code	<input type="text"/>	number	<input type="text"/>								
Cellphone	<input type="text"/>											
Email	<input type="text"/>											

2.2 ALTERNATIVE CONTACT DETAILS (Please include the details of a family member, friend or colleague)

Surname	<input type="text"/>										
Name(s)	<input type="text"/>										
Relationship	<input type="text"/>										
Telephone	code	<input type="text"/>	number	<input type="text"/>							
Cellphone	<input type="text"/>										
Email	<input type="text"/>										

2.3 AUTHORISATION

Accepting that I am thereby curtailing my right to privacy, but to facilitate the assessment and review of my disability claim under a group policy, I authorise Old Mutual

- to obtain from any medical practitioner, health professional, hospital, employer, insurer or other person who may be in possession of, or later acquire, any information concerning my health, occupation and earnings at their request, and
- to share this information with other parties, i.e. health professionals, the employer, fund or insurers for the sole purpose of the assessment or review of my disability claim.

I understand that Old Mutual needs this information to assess the validity of my disability claim.

Old Mutual will use your information or obtain information about you to verify your identity, for assessment of your disability claim, check claim/medical history on the ASISA Life and Claims register, fraud prevention and detection, market research and statistical analysis, audit and record keeping purposes, and compliance with legal and regulatory requirements.

You may access the personal information that we hold and request us to correct any errors or to delete this information. To view our full privacy notice, please visit our website on www.oldmutual.co.za.

Signature of employee	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of witness	<input type="text"/>	Name of witness	<input type="text"/>						

2.4 INSURANCE

Complete this question if you have other disability insurance cover.

Insurer	<input type="text"/>	Policy number	<input type="text"/>
	<input type="text"/>		<input type="text"/>

2.5 EDUCATION AND TRAINING

Qualification	Year

2.6 WORK EXPERIENCE DURING THE PAST TEN YEARS

Employer	Job title	Period	Reason for leaving

2.7 WHAT OTHER JOBS COULD YOU DO WITH YOUR QUALIFICATIONS AND WORK EXPERIENCE?

2.8 HEALTH SERVICES

Where do you go for healthcare? Please tick all the applicable options.

Private healthcare
 State hospitals and clinics
 Alternative medicine
 Traditional healer

Name of medical aid

Membership number

Contact details of your doctor(s) or other health professionals

Name of doctor, therapist or clinic	Speciality	Telephone number	Patient number

Details about your health situation

a) How does the condition affect your self-care (washing, dressing and eating); use of transport; ability to work and enjoy free time?

b) Describe your ability to walk, stand, sit, bend, lift and carry.

c) What is your greatest difficulty at present?

2.9 DECLARATION BY THE EMPLOYEE

I hereby declare that the above information is true and correct, and that no information has been withheld or omitted. I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signature of employee

Date

Signature of witness

Name of witness

PAYMENT TO BANK

Please print in block letters using black or blue ink.

FUND DETAILS

Name of fund

Fund code

PAYEE'S DETAILS

Surname of payee

Initials

Identity number

DETAILS OF ACCOUNT

Name of bank

Address

Branch

Branch code Code at place where account is kept will be supplied by bank.

Account number

Type of account Cheque Savings Transmission

Please note that it is important that all details submitted on this form are correct as Old Mutual can accept no responsibility for any loss or damage arising out of the supply of incorrect details. I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Signature of employee

Date

Countersigned by bank



OFFICIAL
STAMP OF BANK

NOMINATION FORM FOR THE CASH4♥ONES

Please print in block letters using black or blue ink.

If your monthly income claim is accepted, you will be covered for the cash4♥ones, which is an amount that Old Mutual pays to one nominated person when a claimant passes away.

Please complete this form to state who should receive this benefit and give a copy to the beneficiary.

DETAILS OF THE EMPLOYEE

Surname

Name

Identity number

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DETAILS OF THE PERSON WHO SHOULD RECEIVE THE CASH4♥ONES

Surname

First name(s)

Relationship

Identity number

Banking details

Name of bank

Branch code Account number

Type of account Cheque Savings Transmission

Telephone

Work code number

Home code number

Cellphone

Signature of employee

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Disclaimer

This nomination form will only be valid and binding in terms of the relevant policy. Should Old Mutual not be in receipt of the completed nomination form at the date of the claimant's death, Old Mutual will not be liable to pay this benefit. The onus is on the claimant to return the nomination form and Old Mutual does not follow up.

How to apply for the benefit

The beneficiary first phones our Careline on 0860 103 659 and then sends us a death certificate on fax number 021 509 6855 or by post to:
 Old Mutual
 Disability Claims
 PO Box 1659
 Cape Town 8000

OFFICE USE

Claimant

Scheme code Reference number

7.5 DIVORCE, MAINTENANCE AND HOUSING SURETY DEFAULT CLAIMS

Divorce Order Claims

When a member gets divorced and the divorce court order allocates a portion of his/her fund benefit to the ex-spouse, it is the responsibility of the member to provide the Fund with a copy of the divorce court order and the settlement agreement.

On receipt of the divorce court order, the Fund's Administrator will provide the ex-spouse with an Application for Settlement of Divorce Benefits form (see page 65). He/she needs to complete this form and return it to the Fund's Administrator to claim the divorce award from the Fund.

The ex-spouse will be responsible for the payment of any tax on the divorce award.

Maintenance Court Order Claims

When a divorced member falls in arrears with maintenance payments, the Maintenance Court could issue a claim for the arrear maintenance payments from the member's Fund benefit.

The Maintenance Court will deliver the court order on the Fund, and the Fund will then be compelled to settle the amount mentioned in the court order.

The member will be responsible for the payment of tax on the maintenance court order award.

Housing Surety Default Claims

When a member has used his Fund benefit as surety for a housing loan granted by a bank or other approved housing loan provider, and the member defaults on the repayments of the loan to the bank or financial provider, the latter can request the Fund to settle the home loan from the member's benefit.

The bank or financial provider must provide such a request directly to the Fund for approval. If the Fund approves such a settlement, it will advise the Fund's Administrator to settle the home loan from the member's accumulated Fund benefit.

The member will be responsible for the payment of tax on the default home loan settlement.

APPLICATION FOR SETTLEMENT OF DIVORCE BENEFITS BY NON-MEMBER SPOUSE

Please complete in **BLOCK LETTERS** using black or blue ink.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Old Mutual Corporate Retirement Fund Administration (SACCAWU)
PO Box 422
Howard Centre
7405

TO BE COMPLETED BY THE NON-MEMBER SPOUSE IN THE EVENT OF A DIVORCE SETTLEMENT CLAIM

Note: An application by the non-member spouse for the settlement of a divorce award will only be deemed to have been received once all the required documents and information are in the possession of this office.

The following documents must accompany this application (please tick appropriate box):

	Already supplied	Attached	N/A
■ Original certified copy of non-member spouse identity document	<input type="checkbox"/>	<input type="checkbox"/>	
■ Original certified copy of the Divorce Court Order	<input type="checkbox"/>	<input type="checkbox"/>	
■ Original certified copy of any Settlement Agreement that has been made an order of court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Application forms for transfer to another approved fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1 DETAILS OF MEMBER

1. Scheme name	<input type="text"/>
2. Scheme code	<input type="text"/>
3. Reference number	<input type="text"/>
4. Member full names and surname	<input type="text"/>
5. Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
6. ID number	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 2 DETAILS OF NON-MEMBER SPOUSE

Title*	<input type="text"/>	Initials*	<input type="text"/>
Surname*	<input type="text"/>		
First names*	<input type="text"/>		
RSA ID number*	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Income tax number*	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport number* (if not a South African citizen)	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Country of issue* of passport	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of marriage*	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of divorce*	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Residential address*	<input type="text"/>		
Complex number and name	<input type="text"/>		
Street number and name	<input type="text"/>		
Suburb	<input type="text"/>	City/Town	<input type="text"/>
		Code	<input type="text"/>
Postal address (complete only if different from residential address)*	<input type="text"/>		
		Postal code	<input type="text"/>
Contact details (at least one contact detail must be supplied)*	<input type="text"/>		
Work telephone number	Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cellphone number <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fax number	Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

* **Mandatory fields to complete.**

SECTION 3 PAYMENT OPTIONS

Notes:

- The divorce award may be taken in cash, and/or transferred to another approved pension, provident, pension preservation, provident preservation or retirement annuity fund. Transfer of benefits to a preservation fund can only be to one preservation fund and cannot be split amongst more than one.
- As from 1 March 2012 the non-member is the taxpayer when claiming a divorce award - this applies to all divorce orders, irrespective of the date of divorce.
- Where the divorce order was granted before 13 September 2007, the award is tax-free, whether taken in cash or transferred to another fund. If you transfer the divorce award to another fund, this tax-free award will be taxed when you eventually leave such fund.
- It is strongly recommended that you preserve your benefit. To ensure that you make an informed decision, you should talk to a financial adviser. If you do not have your own financial adviser, contact 0860 388 873 (Sharecall) or email membersupportservices@oldmutual.com.

Benefit Options – select one of these options [indicate choice with a tick (✓)]

1. Transfer full benefit to another approved Fund. Attach copy of proposal or application form.
 Full name of approved Fund:

2. Part Cash/Part Transfer
Insert Cash Amount or percentage required to be encashed.
Please note: Any cash amount requested will be reduced by any tax payable on it.
 R OR %
Transfer the remainder of the benefit to another approved Fund. Attach copy of proposal or application form.
 Full name of approved Fund:

3. Cash Lump Sum. If Cash option elected, complete the Method of Payment option below.

Non-member Spouse’s Bank Account Details (for cash payments) (This must be your own bank account.)

Name of account holder
 Bank
 Branch name
 Account number
 Branch code
 Type of account (✓) Cheque Savings Transmission

Transfer Scheme Details

Full name of approved Scheme
 Type of approved Scheme: Pension Scheme Provident Scheme Retirement Annuity Scheme

Transfer Scheme Contact Person Details

Name and surname
 Telephone number Code No.
 Fax number Code No.
 Email

Transfer Scheme Bank Account Details

Name of account holder
 Bank
 Branch name
 Account number
 Branch code
 Type of account (✓) Cheque Savings Transmission

Signature of non-member spouse

Date

SECTION 8 REQUESTS FOR BENEFIT QUOTES, INCLUDING HOME LOAN QUOTES

The SACCAWU National Provident Fund provides its members with the opportunity to use a portion of their benefit (60%) as surety for obtaining housing loans from banks, employers and other approved home loan providers.

It is important to note that this facility is ONLY available for home loans, and may not be used for any other types of loans.

When a member wants to apply for a home loan, he/she must contact the Old Mutual Member Service Centre on 0860 455 455 to request a surety quotation. On receipt of the quotation, the member can take it to the bank or home loan provider as evidence of the amount of surety that is available.

When the member leaves the service of the Employer, retires, dies or becomes disabled, any remaining balance of the home loan will be deducted from the benefit payable and paid to the bank/loan provider.



PRIOR CLAIM FORM

Please complete in **BLOCK LETTERS** using black or blue ink.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Old Mutual Corporate Retirement Fund Administration (SACCAWU)
PO Box 422
Howard Centre
7405

DECLARATION BY EMPLOYER

I hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Name in print

Signature

Designation

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Official
Company
Stamp

NOTE: The deductions currently allowed from a member's benefit are determined by section 37D of the Pension Funds Act, and this form provides for ONLY these deductions.

MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>
Full names	<input type="text"/>		
Identity number	<input type="text"/>		
Date of birth	<input type="text"/>		
Fund name	<input type="text"/>		
Fund code	<input type="text"/>		
Employee number	<input type="text"/>		
Old Mutual reference number	<input type="text"/>		

HOUSING LOAN/GUARANTEE

Name of loan provider	<input type="text"/>		
Date debt incurred by employee	<input type="text"/>	Amount of debt	R <input type="text"/>

COMPENSATION FOR DAMAGE CAUSED BY EMPLOYEE

Indicate applicable option with (✓): Theft Dishonesty Fraud Misconduct

Attach an original certified copy of:

- the SACCAWU National Provident Fund Admission of Liability and Acknowledgement of Debt form - completed by the employee, or
- court order.

Date debt incurred by employee Amount of debt R

OTHER

Indicate applicable option with (✓) Divorce court order Maintenance court order

An original certified copy of the Divorce and/or Maintenance Court Order must accompany this form if it has not already been supplied to Old Mutual SuperFund.

PAYMENT INSTRUCTION 1

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

PAYMENT INSTRUCTION 2

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

PAYMENT INSTRUCTION 3

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

Pension Fund Registration Number: 12/8/31217/1

BENEFICIARY NOMINATION FORM

I, (full names) , ID number , Payroll number ,
 employed at (Name of Employer) , Branch name , Branch code ,

hereby revoke all previous beneficiary nominations (if any) and nominate the following person(s) to receive the benefits payable in the event of my death.

DEPENDANTS and BENEFICIARIES (your percentage of benefit allocation to people who are legally & financially dependant on you)

Name and surname	Date of birth	Relationship to member	Financial dependent (Y/N)	Beneficiary contact details	% of benefit amount
TOTAL					100%

PLEASE NOTE: The final decision on the distribution of a death benefit lies with the Fund in terms of the provisions of Section 37C of the Pension Funds Act.

Signed at this day of 20

Signature of member Print name Cellphone number

Signature of witness Print name Cellphone number

Member's physical address Postal code

Next of Kin/Guardian

Address of next of Kin/Guardian Postal code

- Please ensure that the form is duly signed and dated and that the names of witnesses are clearly written.**
- If this form is not signed and dated it would be regarded as incomplete.
 - Kindly return the completed form together with the relevant documents mentioned above to your employer, alternatively it can be faxed to 011 706 6243 or 021 509 2564.
 - This is the fund's official beneficiary nomination form. No other format of this form will be accepted.

