

De Beers Pension Fund

Information Requisition for the Disposal of Lump Sum Death Benefits

To be completed upon death of employee

SECTION A – DECEASED'S PERSONAL DETAILS			
SURNAME			
FIRST NAMES		OPERATION	
ID NUMBER		DATE OF BIRTH	
POLICY NUMBER			

SECTION B – WIDOW/WIDOWER'S PARTICULARS									
SPOUSE 1									
1	SURNAME								
2	FIRST NAMES								
3	ID NUMBER								
4	DATE OF BIRTH								
5	HOME ADDRESS								
6	POSTAL ADDRESS							POSTAL CODE	
7	HOME TELEPHONE NUMBER								
8	WORK TELEPHONE NUMBER								
9	OCCUPATION								
10	NAME OF EMPLOYER								
11	MONTHLY SALARY/WAGE								
12	INCOME FROM OTHER SOURCES								
13	NUMBER OF DEPENDANTS								
14	TYPE OF MARRIAGE (TICK)	CIVIL	☐	RELIGIOUS	☐	COMMON LAW	☐	LIFE PARTNER	☐
15	WERE DECEASED AND WIDOW/WIDOWER LIVING TOGETHER ON DATE OF DEATH								
16	IF NO TO (15) ABOVE, ESTIMATED SUPPORT PROVIDED TO WIDOW/WIDOWER BY DECEASED								
17	BANK DETAILS								
	NAME OF BANK								
	NAME OF BRANCH								
	TYPE OF ACCOUNT	CURRENT	☐	SAVINGS	☐	TRANSMISSION	☐		
	ACCOUNT NUMBER								
18	CAPABILITY OF HANDLING MONEY AS DETERMINED BY HR PRACTITIONER (ASK LEADING QUESTIONS E.G IF YOU RECEIVED R30 000 WHAT WOULD YOU DO WITH IT?)								
	LUMP SUM								
	MONTHLY INCOME								

SPOUSE 2									
1	SURNAME								
2	FIRST NAMES								
3	ID NUMBER								
4	DATE OF BIRTH								
5	HOME ADDRESS								
6	POSTAL ADDRESS							POSTAL CODE	
7	HOME TELEPHONE NUMBER								
8	WORK TELEPHONE NUMBER								
9	OCCUPATION								
10	NAME OF EMPLOYER								
11	MONTHLY SALARY/WAGE								
12	INCOME FROM OTHER SOURCES								
13	NUMBER OF DEPENDANTS								
14	TYPE OF MARRIAGE (TICK)	CIVIL	☐	RELIGIOUS	☐	COMMON LAW	☐	LIFE PARTNER	☐
15	WERE DECEASED AND WIDOW/WIDOWER LIVING TOGETHER ON DATE OF DEATH								
16	IF NO TO (16) ABOVE, ESTIMATED SUPPORT PROVIDED TO WIDOW/WIDOWER BY DECEASED								

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17	BANK DETAILS						
	NAME OF BANK						
	NAME OF BRANCH						
	TYPE OF ACCOUNT	CURRENT	☐	SAVINGS	☐	TRANSMISSION	☐
	ACCOUNT NUMBER						
18	CAPABILITY OF HANDLING MONEY AS DETERMINED BY HR PRACTITIONER (ASK LEADING QUESTIONS E.G IF YOU RECEIVED R30 000 WHAT WOULD YOU DO WITH IT?)						
	LUMP SUM						
	MONTHLY INCOME						

SECTION C – CHILDREN'S PARTICULARS						
	NAME	DATE OF BIRTH	NAME OF PERSON WHO CARES FOR THE CHILD	CURRENT SCHOOL GRADE OF CHILD	ADDRESS	EXTENT OF DEPENDANCY (IF NOT FULLY DEPENDANT, GIVE MONETARY VALUE IF POSSIBLE)
1						
2						
3						
4						
5						
6						
7						
8						

SECTION D – OTHER DEPENDANTS PARTICULARS					
	NAME	DATE OF BIRTH	RELATIONSHIP TO DECEASED, E.G. MOTHER, BROTHER	ADDRESS	EXTENT OF DEPENDANCY (IF NOT FULL DEPENDANT, GIVE MONETARY VALUE IF POSSIBLE)
1					
2					
3					
4					
5					
6					
7					
8					

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SECTION E – DETAILS OF RESIDENCE											
1	TYPE OF DWELLING (TICK)	FLAT	☐	HOUSE	☐	ROOM	☐	SHACK	☐	OTHER	☐
2	NUMBER OF OCCUPANTS										
3	DO ANY OCCUPANTS CONTRIBUTE FINANCIALLY TO HOUSEHOLD EXPENSES						YES	☐	NO		☐
4	NAME OF PERSON IN WHICH PROPERTY IS REGISTERED										
5	AMOUNT OF OUTSTANDING BOND										
6	CAPITAL REQUIRED FOR RENOVATIONS										
7	IF YES TO (6) INDICATE THE AMOUNT OF CAPITAL REQUIRED FOR RENOVATIONS										
8	QUOTATION AVAILABLE FOR AMOUNT OF CAPITAL REQUIRED FOR RENOVATIONS (TICK)						YES	☐	NO		☐
9	POSSIBILITY OF PURCHASING PROPERTY WITH CAPITAL						YES	☐	NO		☐
10	IF YES TO (9) INDICATE THE AMOUNT REQUIRED										

SECTION F – EXPENDITURE		
	EXPENSE	AMOUNT
1	RENTAL/BOND REPAYMENT	R
2	ELECTRICITY	R
3	FOOD	R
4	CLOTHING	R
5	TRANSPORT	R
6	SCHOOL FEES/UNIFORMS	R
7	HIRE PURCHASE/ACCOUNTS	R
8	OTHER	R
TOTAL		R

SECTION G – BENEFIT DISTRIBUTION					
1	WAS A NOMINATION FORM COMPLETED	YES	☐	NO	☐
2	IF YES TO (1) LIST BENEFICIARIES AND PERCENTAGE SHARE	NAME		%	
		NAME		%	
		NAME		%	
		NAME		%	
		NAME		%	
		NAME		%	
3	DID THE MEMBER DRAW UP A WILL	YES	☐	NO	☐
4	IF YES TO (3) LIST THE BENEFICIARIES				
5	WAS THE DECEASED DIVORCED	YES	☐	NO	☐
6	IF YES TO (5) INDICATE DATE OF DIVORCE				

SIGNATURE OF WIDOW/WIDOWER			
I	Print name here		DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
WIDOW/WIDOWER'S SIGNATURE		DATE	

SECTION H – EMPLOYER'S RECOMMENDATION ON THE DISPOSAL OF LUMP SUM

SECTION I – ADDITIONAL COMMENTS THAT COULD ASSIST IN THE DECISION IN ALLOCATING BENEFITS