

## DECLARATION FOR A DECEASED MEMBER/PENSIONER'S SPOUSE, ADULT CHILD OR DEPENDANT (DCDD1)



### When must this form be completed?

This form must be completed on the death of a member or pensioner of the De Beers Pension Fund (the Fund).



### Who must complete this form?

This form must be completed by the member/pensioner's spouse, major children, nominees or other dependant.



### What should accompany this form?

- A certified copy of the deponent's ID.
- A copy of the deponent's surviving parent's ID if applicable.
- Proof of financial dependency and proof of payment(s) actually received from the deceased per month if applicable.
- Proof of salary/wage if applicable.



### To whom should this form be returned?

Once completed, please return this form to the Fund via one of the following channels:

- **Email:** pensionpost@dbpf.co.za
- **Post:** De Beers Pension Fund, PO Box 1922, Kimberley, 8300

## SECTION A: DEPENDANT'S DETAILS

|                  |                           |                      |                           |
|------------------|---------------------------|----------------------|---------------------------|
| Surname          | <input type="text"/>      |                      |                           |
| First names      | <input type="text"/>      |                      |                           |
| RSA ID number    | <input type="text"/>      |                      |                           |
| Contact details  | Home <input type="text"/> | Cell                 | <input type="text"/>      |
|                  | Email*                    | <input type="text"/> |                           |
| Physical address | <input type="text"/>      |                      | Code <input type="text"/> |

## SECTION B: SWORN DECLARATION BY THE DEPENDANT

I, the undersigned hereby declare under oath that:

1. \_\_\_\_\_ (full names of the deceased)

with ID number \_\_\_\_\_

Select one: was my \_\_\_\_\_ (state relationship),

or although not related that I was financially dependent on the deceased.

If the deceased was your parent, please provide the name and ID of your other parent:

Full name \_\_\_\_\_ ID Number \_\_\_\_\_

2. I declare to the best of my knowledge that the Potential Dependant Information (anyone who could possibly be regarded as a dependent of the deceased) contained in the schedule below is true and correct.

3. I am not aware of any other person/persons than those names indicated below who may be dependent on the deceased.

## POTENTIAL DEPENDANT INFORMATION

|   | Full names | Telephone | Address | Relationship to the deceased |
|---|------------|-----------|---------|------------------------------|
| 1 |            |           |         |                              |
| 2 |            |           |         |                              |
| 3 |            |           |         |                              |
| 4 |            |           |         |                              |
| 5 |            |           |         |                              |
| 6 |            |           |         |                              |
| 7 |            |           |         |                              |

### THE FOLLOWING TO BE COMPLETED BY THE DEPONENT ONLY IF HE/SHE IS CLAIMING FINANCIAL DEPENDENCY

4. I was dependant on the deceased at the date of his/her death for the following: (e.g. schooling, food, rent, etc. Please attach relevant documentary proof of financial dependency and proof of payment(s) actually received from the deceased per month).

| Details      | Amount received per month |
|--------------|---------------------------|
|              | R                         |
|              | R                         |
|              | R                         |
| <b>TOTAL</b> | <b>R</b>                  |

5. Other benefits that the potential dependant may become entitled to:

|                                                                                               | Origin | Amount |
|-----------------------------------------------------------------------------------------------|--------|--------|
| Benefits received / likely to be received from other funds to which the deceased had belonged |        | R      |
| Inheritance received/likely to be received (as a result of the deceased's death)              |        | R      |
| Insurance policies on the life of the deceased where you are nominated as a beneficiary       |        | R      |

6. Potential dependant's financial details

| Details                                        | Amount received per month |
|------------------------------------------------|---------------------------|
| Salary/Wage (documentary proof to be attached) | R                         |
| Other income (specify):                        | R                         |
| Other income (specify):                        | R                         |
| <b>Total own income</b>                        | <b>R</b>                  |

7. Occupation (Students should state their grade)

8. Current Employer (Students should name the school or tertiary institution)

9. Educational qualifications (I.e. grade 8, grade 12, degree, diploma)

**10.SCHEDULE OF OWN ASSETS AND LIVING EXPENSES**

| A. ASSET(S)                           | DETAILS | VALUE |
|---------------------------------------|---------|-------|
| Fixed Property/Vehicles               |         | R     |
| Savings and fixed deposits            |         | R     |
| Shares and Unit Trusts (market value) |         | R     |
| Insurance policies                    |         | R     |
| Other assets                          |         | R     |

| B. DAY-TO-DAY EXPENSES                              | Amount per month |
|-----------------------------------------------------|------------------|
| 1. Basic expenses                                   |                  |
| 1.1 Accommodation (including electricity and water) | R                |
| 1.2 Medical expenses                                | R                |
| 1.3 Food                                            | R                |
| 1.4 Clothing                                        | R                |
| 1.5 Transport                                       | R                |
| 1.6 Other                                           | R                |
| 2. Educational needs: (all levels)                  |                  |
| 2.1 Accommodation (including meals)                 | R                |
| 2.2 Transport                                       | R                |
| 2.3 School clothing, etc.                           | R                |
| 2.4 Tuition fees                                    | R                |
| 3. Entertainment                                    | R                |
| 4. Other expenses (please specify)                  | R                |
| <b>TOTAL LIVING EXPENSES</b>                        | <b>R</b>         |

I confirm that I understand the contents of this declaration, that the information provided is true and correct to the best of my knowledge, and that it is legally binding.

SIGNATURE OF DEPONENT

**SECTION C: CERTIFICATION BY COMMISSIONER OF OATHS**

Sworn and signed before me at \_\_\_\_\_ (place) on this \_\_\_\_\_ day of \_\_\_\_\_

by the deponent who has acknowledged that he/she knows and understands the contents of this declaration.

Commissioner of Oaths

COMMISSIONER OF OATHS STAMP

*NOTE: A Commissioner of Oaths is available at any Police Station, Post Office, the Office of any Attorney or at the Fund's Offices.*

The information disclosed in this document will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation. The De Beers Pension Fund (the Fund) has accordingly developed a Privacy Policy which covers how the Fund collects, uses, discloses, transfers, and stores members' personal information. Please visit the Fund's website to view the Privacy Policy should you require additional information.