

## Private Security Sector Provident Fund Disposal of Death Benefits

**Confidential**

Name of Company									
Branch/Section/Department									
Full Names of deceased member									
Company Employee Number									
Date of Birth	D	D	m	m	C	C	y	y	
Date of Death	D	D	m	m	C	C	y	y	
Cause of death (give full details)									
PSIRA Grade									
Monthly wage earned at date of death									

### Documents required from the family

**Originally certified copies (not photocopies) of the following documents:**

#### Spouse

- a) Member's death certificate
- b) Member's identity document
- c) Spouses identity document
- d) Children's identity documents or birth certificates
- e) Proof of marriage
- f) Marriage certificate/Customary Union Certificate/confirmation of marriage from tribal chief
- g) Divorce document (if applicable)
- h) Affidavits (if applicable)

#### Other Personal Details

- i) Spouse's banking details
- j) Spouse's telephone number and postal address for (communication purposes)

#### Guardian of the children

- k) Guardian's banking details
- l) Guardian's postal address (for communication purposes)
- m) Guardian's telephone number

#### Documentation Required from the Employer

- a) Death claim form
- b) Copy of the dependants and nominee form
- c) Death and funeral claim checklist
- d) Copy of the employee's last payslip

#### A) Note to the Employer

When deciding on how the Provident Fund benefits are to be distributed the Trustees are compelled to consider all the persons who claim to have been dependent on the member for financial support. It is therefore very important that the Trustees have all the necessary information on these persons, so that benefits are paid to the deserving beneficiaries. The Dependant and Nominee form assists the Trustees in understanding how the member wished his benefits to be distributed, but this alone is not enough. The Trustees must consider all persons when deciding to whom these benefits will be distributed.

There can be no short cuts in this decision and all persons involved in this process must give the necessary care and attention to detail in providing this information.

In many instances this involves interviewing the family members to understand the member's personal circumstances and relationships. Some are easy, others difficult, some embarrassing, but all of this is crucial for properly distributing the member's Provident Fund benefits to the right persons.

Set out hereunder, are the typical questions that Trustees ask when they make their decision. These questions are set out in an easy to understand and logical manner, and are designed to ease the burden of finding the information.

Please complete the questions accurately. In certain instances, the information given must be substantiated with an affidavit. Thank you.

<b>1. Was the member married?</b>	YES	NO
If yes, complete the following:		
Full name of spouse		
Identity number		
How were they married (civil or customary union)?		
At the time of death where they living together?	YES	NO

**Give details on the children born in this marriage**

Name and Surname of child	Age	Gender	Identity Number

**Are the children in custody of the spouse?** YES NO

If no, who is caring for the children? Give details

Name of guardian

Identity number

Relationship to the child/children

Any other details?

**2. If the member was married was he living with someone as a married couple?** YES NO

If yes, complete the following

Full name of this person

Identity Number

How long were they in this

**Give details of the children from this relationship**

Name and surname of child	Age	Gender	Identity number

**Are the children in the custody of this person?** YES NO

If no, in whose custody are they? Give details.

Name of person

Identity Number

Relationship to the child/children

Any other details?

Please provide proof of the above in an affidavit

**3. Did the member have children born out of any other relationship?** YES NO

**If yes, complete the following:**

Name and Surname of child	Age	Gender	Identity Number

In whose custody are the children? Give details

Name of person

Identity Number

Relationship to the child/children

Any Other Details?

Please provide proof of the above in an affidavit

4. Were the member's parents financially dependent on the member? YES NO

If yes, complete the following:

Name and surname of parent	Age	Gender	Identity number

Give details and proof of the dependency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide proof of the above in an affidavit

5. Were any other persons financially dependent on the member? YES NO

If yes, complete the following:

Name and surname of dependent person	Age	Gender	Identity number

Give details and proof of the dependency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide proof of the above in an affidavit

6. Is there anything about the member's family, relationships or other circumstances that the Trustees should know about YES NO

If yes, please write this here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does the company have a recommendation that the Trustees should consider? YES NO

If yes, write your recommendation here


8. Who is the contact person to whom the Trustees/ SALT can refer?

Name of contact person

Relationship to the member

Telephone number

Address for correspondence purposes

Completed by

Designation

Date | D | D | M | M | C | C | Y | Y |