

Family History Questionnaire

Confidential

Claim Number																				
Name of Deceased																				
Date of Death																				
	D	D	M	M	C	C	Y	Y												
Date of Birth																				
	D	D	M	M	C	C	Y	Y												
Identity Number																				
Employer																				

SECTION 1

Name of person completing form

Relationship to deceased member

Signature

Date

Typed or printed name

Telephone number

SECTION 2 PARENTS INFORMATION

Father's name

Identity number

Contact details: Telephone ()

Address

Post Code

Mother's name

Identity number

Contact details: Telephone ()

Address

Post Code

SECTION 3 SIBLINGS (BROTHERS AND SISTERS)

Number of siblings

If the number of siblings is more than three (3) please request additional form and insert the names of all other siblings.

Name

Identity number

Contact details: Telephone ()

Address

Post Code

Name

Identity number

Contact details: Telephone ()

Address

Post Code

Name _____

Identity number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact details: Telephone () _____

Address _____

Post Code

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SECTION 4 TO BE COMPLETED BY THE DECEASED MEMBER'S SPOUSE ONLY

How were you married to the member?

- a) Customary marriage

 Please attach affidavits from parents and parents-in-law
- b) Civil marriage

 Please attach marriage certificate
- c) None of the above

If your answer is c) please state nature of marriage _____

Date of marriage

D	D	M	M	C	C	Y	Y
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Number of children from this marriage

Number of children outside this marriage

SECTION 5 DECLARATION

I certify and authorise consideration of this information.

I certify that the statements in this document are true and complete to the best of my knowledge. I authorise any person or entity, including but not limited to any organisation, service provider, employer or government agency, to give the Trustees of the Private Security Sector Provident Fund any information about me except protected health information, and I waive any privilege which makes this information confidential.

Signature _____

Date _____

ANNEXURE A

Deceased full name

Identity Number

In terms of Section 37 (C) of the Pension Fund's act, the following additional information is needed to assist in determining dependants and the distribution of the benefits:

1. Was the deceased previously married? YES NO

If YES, please supply the name and address of the ex-spouse(s) and a copy/copies of either the: Divorce Order(s) or the ex-wife's Death Certificate(s) if applicable.

2. If deceased was divorced did he/she: remarry after his/her divorce? YES NO

If YES, please supply the spouses' name and address if different to the spouse mentioned on page 1.

3. Were any children born out of wedlock? YES NO

If YES, please supply details of the children's names, addresses and birth certificates.

3.1 Name and address of children's guardians and guardian's relationship to deceased

4. Was the deceased required to pay any child maintenance? YES NO

If YES, please supply a certified copy of the Maintenance/Divorce Order.

5. Are any of the deceased's minor children being cared for by someone other than their mother? YES NO

If YES, please arrange for guardian to complete Annexure 'D' where necessary and provide details of their names and addresses.

6. Are there any major dependants listed on page: 1 other than the Widow, e.g. major child, mother, brother etc? YES NO

If YES, please arrange for each to complete Annexure 'E' / 'F' and provide details of their names and addresses.

Is there a Last Will and Testament? YES NO

If Yes supply a copy.

Has the deceased's Estate been registered? YES NO

If YES, supply name and address of Executor.

7. Is the Estate solvent? YES NO

8. If member died as a result of illness/injury and was ill or unemployed at date of death, please supply copies of all medical certificates on hand.

9. Did the deceased belong to a Trade Union? YES NO

Which one?

10. If widow has remarried, please supply a copy of her current marriage certificate.

11. If there is any further information that may assist the Trustees in making a fair distribution of the benefit, please provide the details on Annexure 'G'.

Signature of applicant

Date

Note well:

- (i) all affidavits to be signed by a Commissioner of Oaths & bear his rubber stamp
- (ii) no alterations or tippex on any documents will be permitted
- (iii) if necessary copies may be made of any of these forms

ANNEXURE B

AFFIDAVIT BY CUSTOMARY UNION/COMMON LAW WIFE

(To be completed if Customary Union Certificate unavailable or a common-law relationship existed)

I the undersigned,
Name: _____ Identity Number: _____
(Please attach copy of Identity Document)

Address: _____

Tel No: _____ Cell No. _____

State under oath that I was living with the deceased, name:

Identity Number: _____ as a man and wife from _____ to _____

Number of children born from this union:

NAME	AGE	DATE OF BIRTH

Did the deceased have any other relationships? YES NO

If YES, state names and addresses of such persons:

Were any other children born out of the above-named relationships? YES NO

If YES, state names and addresses:

Are you aware of any other dependants? YES NO

If YES, state names, addresses and relationship to deceased:

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and have no objection in taking the prescribed oath which I consider to be binding on my conscience.

Signature of deponent

Signed and sworn before me at (PLACE) _____ on this _____ day
of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows and understands the contents of this affidavit.

Commissioner of Oaths

Commissioner's Stamp

Note: Commissioner of Oaths are available at any Police Station, Post Office, the office of any Attorney, or at the Fund's office or a tribal Chief or Induna.

• If necessary copies may be made of any of these forms.

ANNEXURE D

**AFFIDAVIT BY GUARDIAN
RE: CARING AND MAINTENANCE OF
MINOR CHILD/CHILDREN OF THE DECEASED**

I the undersigned,
Name: _____ Identity Number: _____
(Please attach copy of Identity Document)

Residing at (address): _____

Tel No: _____ Cell No: _____

Do hereby make an oath and say that:

1 The deceased (full names) _____ I.D. No: _____

was my _____ (state relationship)

2 I Further confirm that I am caring for and maintaining the deceased' minor child/children as listed below:

NAME	AGE	DATE OF BIRTH

3 IF YOU ARE NOT THE CHILD/CHILDREN'S MOTHER DO YOU KNOW the whereabouts of the CHILD/CHILDREN'S MOTHER(S)? YES NO

If YES, kindly provide details of the whereabouts of the mother/mothers and the reason why she/they is/are not caring for their child/children.

Note: If the guardian is older than 65 years, an additional letter is required from either, a social worker/welfare society/legal aid bureau or church confirming that the guardian is capable of caring for children.

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider binding on my conscience.

Signed and sworn before me at (PLACE) _____ on this _____ day

of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows and understands the contents of this affidavit.

Commissioner of oaths

Commissioner's Stamp

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ANNEXURE E

AFFIDAVIT BY DECEASED'S MAJOR DEPENDANT/CHILDREN
(For completion by major biological dependent children of the deceased)

I (full names): _____ Identity Number: _____
(Please attach copy of Identity Document) of

(full address): _____

_____ Postcode: _____

Tel No: _____ Cell No. _____

do hereby make an oath and say that:

The deceased (full names) _____ I.D. No: _____

Was my _____ (state relationship).

That I was dependent on the deceased at date of his death for the following: - (e.g. schooling, food, rent etc.).

_____	R _____	pm
_____	R _____	pm
_____	R _____	pm
_____	R _____	pm
	Total	R _____ pm

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

Signature of deponent

Signed and sworn before me at (PLACE) _____ on this _____ day

of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows and

understands the contents of this affidavit.

Commissioner of Oaths

Commissioner's Stamp

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ANNEXURE F

AFFIDAVIT

I, (Name): _____ Identity Number: _____
(Please attach copy of Identity Document)

Residing at: (Address): _____

Tel No: _____ Cell No. _____

Do hereby make an oath and say that: the deceased (full names) _____

Identity Number: _____ was my _____ (state relationship)

I further state that: _____

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

Signature of deponent

Signed and sworn before me at (PLACE) _____ on this _____ day
of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows and understands the contents of this affidavit.

Commissioner of Oaths

Commissioner's Stamp

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• If necessary copies may be made of any of these forms.