



No. 37938/R

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MONTHLY PAYMENT - TRUST APPLICATION FORM

N.B.: PLEASE ATTACH THE FOLLOWING DOCUMENTATION:
Latest bank statement of guardian
Copy of guardian's ID
Copy of beneficiary's ID

FROM :
ADDRESS :
DECEASED SURNAME:
TRUST OF :
CONTACT NO :

I with Identity Number
as the legal guardian of do hereby apply for a monthly
trust payment. This being reasonable and necessary in the circumstances.

I hereby acknowledge that the monthly payments are deducted from the gratuity. In
the circumstances these deductions do not only decrease the gratuity amount,
however it could lead to the depletion of the gratuity entirely.

Despite the aforementioned I request that the amount be paid, as it is required in respect of

I further acknowledge that the approval of payments and grants of this nature are not
automatic. The Trustees of the Private Security Sector Provident Fund Beneficiary Trust shall
determine each request on a case-by-case basis and they reserve the right to call for any or
all information as deemed fit, having regard to the particular circumstances.

SIGNATURE

PLEASE PRINT NAME IN FULL:

SIGNED AT ON THIS DAY OF
20