



## DEATH NOTIFICATION

This form is to be completed by the deceased Member's Employer and submitted together with:

- In respect of the deceased Member:

- Documentation pertaining to a housing loan or a housing loan guarantee in respect of which the deceased Member's benefits are pledged
- Expression of Wish form previously completed by the deceased Member
- Certified copy of the original death certificate
- Certified copy of the original birth certificate / identity document / other proof of age
- Certified copy of the original marriage certificate / customary union (if applicable)

- In respect of the beneficiaries to whom benefits are to accrue:

- Certified copy of the original birth certificate / identity document / other proof of age
- Personal particulars revenue form IRP2

If the spaces provided on this form are insufficient then additional information, which is to be signed by the Employer, may be attached to this form.

Please provide the completed death notification form to the administrator at [EBAdmin@srf.sygnia.co.za](mailto:EBAdmin@srf.sygnia.co.za).

Name of Fund	
Name of Employer	
Employer's tax number	

PARTICULARS OF DECEASED MEMBER			
Full name		Gender	
Fund membership or Company number (if applicable)			
Date of birth		Identity Number	
Date of death			
Income tax reference no. (if applicable)		Office (if applicable)	
Fund membership or Company number of deceased (if applicable)			
Date employed		Occupation at date of death	
Date last actively in the service of the Employer			
If the deceased Member was absent from duty with or without remuneration or with reduced remuneration at date of death. Please provide full particulars			

### GALLET RETIREMENT FUND ADMINISTRATORS (PTY) LTD

A member of the Sygnia Group of Companies

Registration No. 1967/008174/07 VAT No. 4550120770 FSP No. 5538 13B Licence No. 24/80

CAPE TOWN: 7th Floor The Foundry Cardiff Street Green Point Cape Town 8001 • PO Box 51591 Waterfront 8002

Tel: +27 (0)21 446 4940 • Fax: 0866 786 130 • [info@sygnia.co.za](mailto:info@sygnia.co.za) • [www.sygnia.co.za](http://www.sygnia.co.za)

JOHANNESBURG: Unit 40 6<sup>th</sup> Floor Katherine and West Building West Street Sandton 2196 • PO Box 51591 Waterfront 8002

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Annual Fund Salary at date of death	R		p.a.
One year prior to death (if applicable)	R		p.a.
Member contributions (if applicable) deducted from the deceased's salary or wages for the 3 months immediately preceding death:			
Month 1		Contribution	R
Month 2		Contribution	R
Month 3		Contribution	R
Should the Employer be aware of any other lump sum benefits which will accrue or have accrued in respect of the deceased Member from any other fund please provide particulars			

### PARTICULARS OF DECEASED MEMBER'S DEPENDANTS

Please list Dependants from the deceased Member's Expression of Wish form, adding / deleting any changes which may have occurred subsequent to its completion:

Full name	1		2	
Date of birth				
Relationship to deceased				
% degree of dependency			%	
Full name	3		4	
Date of birth				
Relationship to deceased				
% degree of dependency			%	
Please provide details of any other factors which may influence the Trustees' decision				

### PARTICULARS OF DECEASED MEMBER'S NOMINATED BENEFICIARIES

Please list Nominated Beneficiaries from the deceased Member's Expression of Wish form:

Full name	1		2	
Date of birth				
Relationship to deceased				
% of benefit payable			%	

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Full name	3		4	
Date of birth				
Relationship to deceased				
% of benefit payable			%	
Please provide details of any other factors which may influence the Trustees' decision				

PARTICULARS OF DECEASED MEMBER'S ESTATE			
Name of Executor / Executrix of the Estate			
Address			
Telephone number			
LUMP SUM BENEFIT - RECOMMENDATION TO TRUSTEES			
Only to be completed if the Fund makes provision for lump sum death benefits. The lump sum after taxation is to accrue and be paid to the following Dependents / Nominated Beneficiaries:			
Name of beneficiary	% portion of lump sum benefit	How payable (please specify lump sum or monthly income)	
		%	
		%	
		%	
		%	
Should the recommendation above be the payment of a monthly income please give the following particulars (please note that benefits may not be paid directly to minors): NB: Please note that in terms of the Pension Funds Amendment Act 1996, the beneficiary must agree to this in writing			
Name of beneficiary			
Name of bank / building society			
Branch name		Branch code (banks only and comprising 6 digits)	
Account number			
Name of beneficiary			
Name of bank / building society			
Branch name		Branch code (banks only and comprising 6 digits)	
Account number			

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Please provide details of any other factors which may influence the Trustees' decision

### SPOUSES' AND / OR CHILDREN'S PENSIONS

Only to be completed if the Fund makes provision for spouses and / or children's death in service pensions. Pensions are paid into the beneficiary's bank / building society account (please note that pensions may not be paid directly to minors):

Name of beneficiary			
Name of bank / building society			
Branch name		Branch code (banks only and comprising 6 digits)	
Account number			
Name of beneficiary			
Name of bank / building society			
Branch name		Branch code (banks only and comprising 6 digits)	
Account number			

### EMPLOYER'S DECLARATION

I, the undersigned  
in my capacity as \_\_\_\_\_ (designation)  
of the \_\_\_\_\_ (name of Employer)

hereby declare that:

- The deceased Member was in our service at the date of his / her death
- To the best of my knowledge and belief the particulars reflected on this form are true and correct.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2 0 \_\_\_\_\_

Signature

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## NOTES FOR THE EMPLOYER AND TRUSTEES ON THE DISPOSITION OF DEATH BENEFITS

- DEPENDANTS of the deceased Member include the deceased Member's spouse, children and any other person who was financially dependent on the deceased Member for maintenance.
- NOMINATED BENEFICIARIES of the deceased Member are persons who are not classified as DEPENDANTS and whom the deceased Member had nominated in writing to the Fund after 30 June 1989 to receive benefits.
- If the deceased Member leaves DEPENDANTS or if the deceased Member leaves DEPENDANTS and NOMINATED BENEFICIARIES then the distribution of the benefits is at the discretion of the Trustees, who will have due regard to the principle of fairness and the Member's wishes as recorded on the Expression of Wish form.
- If the deceased Member does not leave DEPENDANTS, the lump sum benefit, after payment of the net debts in the deceased Member's Estate, will be paid to the NOMINATED BENEFICIARIES of the deceased Member as specified by the Member and the balance, if any, will be paid to the deceased Member's Estate.
- If deceased member did not notify the Trustees of any DEPENDANTS and NOMINATED BENEFICIARIES and the Trustees are unable to ascertain the existence of any DEPENDANTS within 12 months following the deceased Member's date of death then the benefit will be paid to the deceased Member's Estate.
- The deceased Member's wishes as recorded on the Expression of Wish form do not in any way confer a right or entitlement upon the persons mentioned in the form. The decision regarding the disposal of the benefits vests solely in the Trustees unless the deceased member is survived only by NOMINATED BENEFICIARIES.
- Payment of the benefit will not be directed to the deceased Member's Estate unless specified otherwise above.

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