

**RETIREMENT FUND ADMINISTRATION****DEATH CLAIM FORM**

**Note: Submitting this notification is the first step in processing the benefit claim of the deceased. As part of the process, the Insurer may, however, require additional information. Please find the further requirements in the death claim pack.**

**SECTION A: Particulars of the deceased member (To be completed by the employer)**

Title and Initials:		Date of Birth:	
Full Names and Surname:			
Member Number:		ID Nr / Passport Nr:	
Income Tax Number:		Date of Death:	
Exact cause of death:			
Marital Status:		Gender:	
Member's Home Address Prior to Death:		Member's Postal Address Prior to Death:	
Participating Employer:			
Employer Fund Number:		Last Day of Active Service:	

**SECTION B: Payment Details of Beneficiary (all payments are to be made into a bank account)**

Name of account holder:		Name of bank:	
Account number:		Branch code:	
Account type:	Savings	Cheque	Transmission

Please note the following:

- Payments cannot be made to credit card or bond accounts.
- Payments cannot be made to a third party.
- Payments cannot be split into different bank accounts.
- Payments made to non-SA residents will require further documentation to be completed.

**SECTION C: Claims against the Member's Benefit**

<b>1. Pension Backed Housing Loan / Guarantee (Collateral)</b>	Yes	No	
Sanlam will request the final settlement amount from the relevant financial institution.			
<b>2. Amount owing to Employer</b>	Yes	No	
The only amounts that may be deducted are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or dishonest misconduct. Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability.			

**SECTION D: Declaration by the employer**

I, the undersigned authorised signatory of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct
- The signature above is that of the aforementioned member and I have verified all the information provided

Signed on behalf of Employer (Only the Authorised Signatory can sign off the claim form) \_\_\_\_\_

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_



**Please e-mail the completed documentation to your administrator.**

**Disclaimer**

*Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.*