

Sanlam Plus Preservation Fund

Death claim form

<input type="checkbox"/>	Sanlam Plus Preservation Pension Fund (e-mail to sanlampreservation@sanlam.co.za or fax to (012) 683-3981)
<input type="checkbox"/>	Sanlam Plus Preservation Provident Fund (e-mail to sanlampreservation@sanlam.co.za or fax to (012) 683-3981)

Participating Employer	Employer Fund Number
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1. Details of Deceased

Full name(s) and surname			
Identity Number	Date of Birth		
Date of Death	Payroll Number		
Member Number	Member Tax Number		
Gender	Marital Status		
Member's Home Address Prior to Death	Member's Postal Address Prior to Death		
Participating Employer	Employer Fund Number		
Last Day of Active Service	Date of Death		

Information and guidelines to the employer

The Death Claim Form consists of these two pages that must be completed by a representative of the employer. Forms A to F must be completed by the relevant persons as indicated on each form. Kindly send / hand a copy of the relevant form to each dependant and nominee of the deceased member and request that it be returned to you together with all the required documents as stipulated on each form. Once you have collated all the forms, kindly return the complete back to us. Return details are indicated on this form. Sanlam can only start their process for paying out any death benefits of the deceased member once all documentation has been received.

2. Documents required in respect of the deceased member		Attached	
		Yes	No
1	Notification of the member's death. You may use the online death claim form (Retirement Fund Web) or the printed version of this form (Death Claim Form).		
2	Original certified copy of the member's Identity Document.		
3	Original computerised Death Certificate issued by the Department of Home Affairs or an original copy of the official Death Certificate, certified by a Commissioner of Oaths other than one employed by the participating employer.		
4	Original certified copy of the Notice of Death form (BI-1663 / DHA-1663 - all pages) as issued by the hospital / doctor, certified by a Commissioner of Oaths other than one employed by the participating employer.		
5	Proof of SARS tax reference number of deceased member.		
6	Copy of the payslip of the deceased member, dated one month prior to date of death.		

3. Documents required in respect of the deceased member (continued)		Attached	
		Yes	No
7	In case of an unnatural death, a certified copy of the police / traffic report & post-mortem report.		
8	If the deceased was single, a sworn affidavit from a senior family member to confirm this.		
9	The original Beneficiary Nomination Form and Schedule of Dependents Form completed and signed by the deceased member.		
10	Death Certificate(s) of spouse or any nominees that died prior to the deceased member.		
11	An affidavit from a senior family member of the deceased's side of the family. The affidavit should not only state the number of children the deceased has with the spouse, but also state whether the deceased had any children and/or dependents outside the marriage and also if the deceased was in a relationship at the time of his/her death.		

4. Marital status of deceased member at date of death (tick applicable)				
	Yes	No	How many partners?	Attach the following to this Form
Married				Form A for every spouse
Life partner (Common Law Partner)				Form B for every life partner
Divorced				Divorce Order
Previously divorced but married now				Divorce Order
Single				Sworn Affidavit by a family member

5. Children of the deceased member (tick applicable)				
	Yes	No	How many children?	Attach the following to this Form
Minor children (under 18 years)				Form C for every minor child
Major children (over 18 years)				Form D for every major child
Unborn children				Form E for every unborn child

6. Other financial dependants of the deceased member				
Are there other persons whom the deceased member supported financially, or would have supported on a regular basis had he/she lived - e.g. mother, father, grandmother, grandfather, sister, uncle etc.?				
Yes	No	How many other financial dependants?		Attach the following to this Form
				Form F for every dependant

7. Nominees of the deceased member				
Did the deceased member nominate other persons (than those already mentioned in previous categories) to receive his/her death benefit?				
Yes	No	How many nominees are there?		Attach the following to this Form
				Form F for every nominee

8. Claims against the benefit of the deceased member				
1. Pension Backed Housing Loan / Guarantee (Collateral)	Yes		No	
(Sanlam will request the final settlement amount from the relevant financial institution)				
2. Amount owing to the Employer	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)				

9. Declaration by the employer in all instances

Following a thorough investigation, I, the undersigned, hereby declare that I am satisfied that the information given in this Form is true and correct. I have used the explanation below to establish all the dependants of the deceased member and I am not aware of any other person(s) that may be dependent on the deceased member.

The following steps were taken to establish who all the dependants are (e.g., discussions with various family members, friends and colleagues of the deceased member):

The Pension Funds Act defines a dependant as being:

- Any person for whom the deceased member was legally responsible for maintenance
- Any person for whom the deceased member was not legally responsible for maintenance, but was, in the opinion of the Board, in fact dependent on the deceased member for maintenance at the time of death
- The spouse of the deceased member, including a party to a customary or civil union
- The children of the deceased member, including a child born after the death of the deceased member, an adopted child and an illegitimate child
- Any person for whom the deceased member would have been legally responsible for maintenance if he/she had not died.

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

Full Name: _____

Designation: _____

Date: _____

Office number: _____

Cell number: _____



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 or call: 086 122 3646.