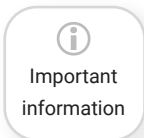


## ANNEXURE F OF THE DEATH CLAIMS FORM DECLARATION REGARDING INHERITANCE AND BENEFITS PAYABLE DUE TO THE MEMBER'S DEATH



This annexure must be completed by the executor or the third party appointed to administer the estate on behalf of the executor.

### 1. Details of the deceased member's estate

1.1 Has the deceased member's death been reported to the Master of the High Court? Yes  No

1.2 If yes, has the Master of the High Court appointed a person to administer the estate? Yes  No

1.3 If yes, please provide:

Name and surname \_\_\_\_\_

Daytime landline number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

1.4 What assets are in the estate and who are the beneficiaries?

Assets	Values	Beneficiaries
	R	
	R	
	R	
	R	
	R	
	R	

1.5 Are there any outstanding debts that need to be settled by the estate?

Creditors	Values
	R
	R
	R
	R
	R
	R

Please attach copies of the following supporting documents:

- Letters of Executorship or Letters of Authority
- Power of attorney in favour of a third party (if applicable)

### 2. Details of other benefits that have/will become payable due to the deceased member's death

2.1 List all retirement funds (e.g. retirement annuity, pension and provident funds)

Fund name	Account number	Beneficiaries	Value (estimate)	Date (to be) paid
			R	
			R	
			R	
			R	
			R	
			R	

2.2 List all policies (e.g. life, endowment and living annuity)

Insurer	Policy number	Beneficiaries	Value (estimate)	Date (to be) paid
			R	
			R	
			R	
			R	
			R	
			R	

2.3 List all employer group life benefits

Insurer	Policy number	Beneficiaries	Value (estimate)	Date (to be) paid
			R	
			R	

3. Details of trusts

Did the deceased member establish a trust for the benefit of their dependants? Yes  No

If 'yes', was it established (a) in terms of their will, or Yes  No

(b) during their lifetime Yes  No

Processing of personal information

The Allan Gray retirement funds ('the Funds') are required to obtain certain personal information, as defined in the Protection of Personal Information Act of 2013 ('POPIA'), and any other relevant data protection legislation, for the purpose of conducting an investigation to determine the dependants of the deceased member in order to distribute the death benefit payable as a result of the death of the deceased member ('the purpose').

In line with the legal obligation of the Funds to conduct a full and thorough investigation in determining the circle of dependants, and their respective financial needs, certain information will be requested from you. By providing that or any other information, you consent to the Funds and Allan Gray Investment Services (Pty) Ltd ('Allan Gray'):

- Processing your personal information, and the personal information of any minor(s) of whom you are the natural or legal guardian, for the above purpose and any related purposes; and
- Sharing such personal information with other retirement funds of which the deceased member was a member for such retirement funds to conduct their own investigation to determine the dependants; and
- Sharing such personal information with any third party or third-party service providers for the purpose described above, and for the purpose of storing and maintaining your personal information.

In addition to the information obtained from you directly, the Funds and Allan Gray may collect certain information regarding you from third parties, where this is necessary for the purpose.

After completion of the Fund's investigation, the Fund will make a decision as to the distribution of the death benefit and this distribution decision, and the relevant basis for the decision, will be communicated to all nominees and dependants identified in the investigation.

The Funds and Allan Gray confirm that they will always comply with relevant data protection legislation. Please refer to the Allan Gray Retirement Funds Privacy Statement (<https://www.allangray.co.za/legal-information/allan-gray-retirement-funds-privacy-statement/>) for more information on your rights and obligations relating to your personal information.

Declaration by person completing this annexure

I, (full name and surname) \_\_\_\_\_ declare that the information in this annexure is, to the best of my knowledge, true and correct.

Signed at \_\_\_\_\_  
 on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ c c y y

Signature \_\_\_\_\_

Where to submit the completed annexure:

Please email the completed annexure to our Client Service Centre at [instructions@allangray.co.za](mailto:instructions@allangray.co.za)