

## 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 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

Declaration by person completing this Annexure

Note: the personal information that is supplied in this Annexure will only be used and processed:

- For the purpose of distribution of the death benefits to which this Annexure relates.
- To the extent necessary to enable the Fund to meet its obligations towards the deceased member, their circle of dependants, and to comply with its legal obligations.

Declaration

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

Signed at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_

Where to submit the completed Annexure:

Please fax the completed Annexure to the Client Service Centre at 0860 000 655 or +27(0)21 415 2492, email it to [instructions@allangray.co.za](mailto:instructions@allangray.co.za) or post it to PO Box 51605, V&A Waterfront, Cape Town, 8002