GQM
Fund Administrators (Pty) Ltd
Quality Managed Retirement Fund Administration Services

Deceased - Information Form

(Distribution in terms of Section 37C of Pension Funds Act)

Name and Surname of Deceased													
ID/Passport Number:													
Date of Birth:	D	D	M	M	Y	Y	Y	Y					
Date of Death:	D	D	M	M	Y	Y	Y	Y					
Physical Address at Date of Death:													

Name of family member, pastor or another person who'd be able to submit affidavit confirming dependants:										
Name and Surname:										
Contact Number:										

Name of close colleague or friend who'd be willing to assist with enquiries:										
Name and Surname:										
Contact Number:										

Name of Executor of Deceased's estate:										
Name and Surname:										
Contact Number:										

Details of other Employee Benefits payable on death:			
Benefit Type	**Yes/No**		**Amount**
Lump Sum from other funds	Y	N	R
Unapproved lump sum death benefit	Y	N	R
Funeral Benefit	Y	N	R

Checklist for documents to be attached (where applicable):	✓
Deceased's ID document	
Death certificate	
Last two salary slips	
Beneficiary Nomination Form	
Details of other benefits payable on death (e.g. unapproved risk, funeral benefits, insured education benefits etc)	
Copy of will	
Copy of marriage certificates for civil marriage	
Proof of customary union/marriage under tenets of religion	
Statement of Life Partnership (only applicable to life partners, not spouses)	
Copy of divorce order	
ID documents/birth certificates of all potential beneficiaries	

MARITAL/RELATIONSHIP

Please tick the appropriate box	✓

Married (customary union)	
Married (civil marriage)	
Married (under tenets of a religion)	
Married (civil union)	
Living with life partner	
Divorced	
Widow/Widower (attached a copy of deceased spouse's death certificate)	

DETAILS OF SPOUSE/LIFE PARTNER

Notes: In addition to proof of union as requested above, please attach a copy of each spouse's ID document.

SPOUSE/PARTNER 1

Full Name and Surname:	
ID/Passport No	
Cell No	
Email Address:	
Physical Address:	

SPOUSE/PARTNER 2

Full Name and Surname:	
ID/Passport No	
Cell No	
Email Address:	
Physical Address:	

SPOUSE/PARTNER 3	
Full Name and Surname:	
ID/Passport No	
Cell No	
Email Address:	
Physical Address:	

SPOUSE/PARTNER 4	
Full Name and Surname:	
ID/Passport No	
Cell No	
Email Address:	
Physical Address:	

DETAILS OF MINOR CHILDREN (under age 18)

1. ***Please attach a copy of the ID document/birth certificate of each child and his/her caregiver;***
2. ***A "caregiver" includes a biological parent, an adoptive parent or any person who cares for the child on a full-time basis;***
3. ***If more than one child lives with the same caregiver, you do not have to repeat the caregiver's details or physical address. (Simply state "as for Child 1").***
4. ***Please make a copy of this page if the space is insufficient for the number of children***

MINOR CHILD 1:																				
Name and Surname of Child:																				
ID Number of Child:														**Date of Birth:**	D	D	M	M	Y	Y	Y	Y
Physical Address:																				
Caregiver's Name and Surname																				
Caregiver's ID Number														**Caregiver's Email:**								
Caregiver's Cell Number																				

MINOR CHILD 2:																				
Name and Surname of Child:																				
ID Number of Child:														**Date of Birth:**	D	D	M	M	Y	Y	Y	Y
Physical Address:																				
Caregiver's Name and Surname																				
Caregiver's ID Number														**Caregiver's Email:**								
Caregiver's Cell Number																				

MINOR CHILD 3:																				
Name and Surname of Child:																				
ID Number of Child:														**Date of Birth:**	D	D	M	M	Y	Y	Y	Y
Physical Address:																				
Caregiver's Name and Surname																				
Caregiver's ID Number														**Caregiver's Email:**								
Caregiver's Cell Number																				

MINOR CHILD 4:																				
Name and Surname of Child:																				
ID Number of Child:														**Date of Birth:**	D	D	M	M	Y	Y	Y	Y
Physical Address:																				
Caregiver's Name and Surname																				
Caregiver's ID Number														**Caregiver's Email:**								
Caregiver's Cell Number																				

DETAILS OF ADULT CHILDREN
Please attach a copy of the ID document/birth certificate of each child
Please make a copy of this page if the space is insufficient for the number of children.

ADULT CHILD 1:			
Full Name and Surname:	**ID Number**	**Email**	**Cell Number**
Physical Address:			

ADULT CHILD 2:			
Full Name and Surname:	**ID Number**	**Email**	**Cell Number**
Physical Address:			

ADULT CHILD 3:			
Full Name and Surname:	**ID Number**	**Email**	**Cell Number**
Physical Address:			

ADULT CHILD 4:			
Full Name and Surname:	**ID Number**	**Email**	**Cell Number**
Physical Address:			

DETAILS OF OTHER DEPENDANTS/CLAIMANTS

This section could include a parent, fiancé, sibling, niece, nephew or any other person who received maintenance from the deceased.

1. Please attach a copy of the ID document/birth certificate of each claimant
2. Please make a copy of this page to complete if the space is insufficient for the number of claimants.

CLAIMANT 1			
Full Name and Surname:			
Relation to Deceased	**ID Number**	**Email**	**Cell Number**
Physical Address:			
If the Claimant is a minor, please provide details of the caregiver below:			
Caregiver's Name and Surname	**ID Number**	**Email**	**Cell Number**

CLAIMANT 2			
Full Name and Surname:			
Relation to Deceased	**ID Number**	**Email**	**Cell Number**
Physical Address:			
If the Claimant is a minor, please provide details of the caregiver below:			
Caregiver's Name and Surname	**ID Number**	**Email**	**Cell Number**

CLAIMANT 3			
Full Name and Surname:			
Relation to Deceased	**ID Number**	**Email**	**Cell Number**
Physical Address:			
If the Claimant is a minor, please provide details of the caregiver below:			
Caregiver's Name and Surname	**ID Number**	**Email**	**Cell Number**

CLAIMANT 4			
Full Name and Surname:			
Relation to Deceased	**ID Number**	**Email**	**Cell Number**
Physical Address:			
If the Claimant is a minor, please provide details of the caregiver below:			
Caregiver's Name and Surname	**ID Number**	**Email**	**Cell Number**

CLAIMANT 5			
Full Name and Surname:			
Relation to Deceased	**ID Number**	**Email**	**Cell Number**
Physical Address:			
If the Claimant is a minor, please provide details of the caregiver below:			
Caregiver's Name and Surname	**ID Number**	**Email**	**Cell Number**

Completed by:

Name:	
Capacity:	

Contact No:										
Email Address:										

Signature:	

Date:	D	D	M	M	Y	Y	Y	Y

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.

Where the person signing this document is someone other than the person whose personal information is being supplied, such signatory confirms that the necessary consent has been obtained to supply personal information and that the information is true and correct.