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

Declaration by or in respect of Potential Beneficiary

The statement below must be made by way of a sworn affidavit. You may complete the document in private, but you must SIGN the document in the presence of a Commissioner of Oaths and you must DECLARE UNDER OATH, before the Commissioner of Oaths, that the information in the document is true and correct.
PLEASE INITIAL EACH PAGE THAT YOU COMPLETE

PROTECTION OF PERSONAL INFORMATION
This document requires that you share your Personal Information or Personal Information of children in your care and may require that you share Special Personal Information.
The Fund requires this information to enable it to distribute the benefit fairly in accordance with the provisions of the Pension Funds Act and the Fund will only use the information for that purpose.
Should you not provide all the information required, the board of the Fund may not be able to consider your claim to a portion of the benefit properly, which may have a negative effect on the allocation made to you or the persons on whose behalf you are submitting this statement.
It is the Fund's responsibility to ensure that Personal Information is only processed lawfully. The Fund has protocols in place in this regard.
The Fund and its service providers will ensure that Personal Information is secured and not accessed by unauthorized parties.
A more detailed statement about the protection of Personal Information by the Fund is available on request.

HOW TO COMPLETE THIS FORM

If you are a DEPENDANT or NOMINEE, but you are not a CAREGIVER of a DEPENDANT or NOMINEE of the Deceased, please complete PARTS A and B
If you are not a DEPENDANT or NOMINEE, but you are a CAREGIVER of a DEPENDANT or NOMINEE of the Deceased, please complete PARTS A and C
If you are a DEPENDANT or NOMINEE, and you are also a CAREGIVER of a DEPENDANT or NOMINEE of the Deceased, please complete PARTS A, B and C.

A **DEPENDANT**: is

(a) A spouse (in terms of a civil marriage, customary law union, civil union or tenets of a religion) or a life partner of the Deceased;
(b) A minor or adult child of the Deceased, including an adopted child and a child conceived before, but born after the death of the Deceased;
(c) A person in respect of whom the Deceased provided maintenance on a consistent and permanent basis (whether by law or otherwise); and
(c) A person, in respect of whom the Deceased would have provided maintenance, had the Deceased not died.

A **NOMINEE** is a person who does not qualify as a Dependant, but who the Deceased nominated to receive a portion of the benefit in terms of a valid beneficiary nomination form.

A **CAREGIVER** is:

(a) The biological parent of a minor child;
(b) A Court appointed guardian of the child; or
A person who provides for the daily care needs of the child.

SWORN STATEMENT

I, the undersigned, hereby warrant and confirm that:

- *I know and understand the contents of the sections of this document that I have completed, that I have initialed each page that I have completed and that the information I have provided in this document is true and correct;*
- *I know my rights regarding the declaration I have made;*
- *I have provided all information that I am aware of that may be relevant to the decision of the trustees regarding the payment of the benefit;*
- *I agree that the information provided by me in this document may be processed in terms of the provisions of the Protection of Personal Information Act, 2013, which means that the information provided in this document may be processed, stored and shared where necessary, by the trustees of the Fund and its service providers;*
- *I have listed in this document all persons that I am aware of that might qualify as dependants of the deceased, as defined in the Pension Funds Act and as defined above;*

GQM
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- *I have signed this statement freely and voluntarily and have no objection to taking the prescribed oath. No undue duress has been placed on me to make the oath;*
- *I consider the prescribed oath to be binding to my conscience*

NAME	SIGNATURE	DATE

COMMISIONER OF OATHS

SIGNED AND SWORN to before me at _____ on this the_____day of_____20__ by the deponent, who has acknowledged that he knows and understands the contents of this affidavit, has no objection to taking this oath and considers this oath to be binding on his conscience.

SIGNATURE	CAPACITY	DATE

PART A: FINANCIAL DETAILS OF DEPENDANT, NOMINEE OR CAREGIVER
Tick all the boxes applicable to you:

Dependant	☐
Nominee	☐
Caregiver	☐

SECTION 1 : PERSONAL DETAILS

Name and Surname				
ID/Passport Number				
Date of Birth				
E-mail Address				
Contact Number	Home		Cell	

SECTION 2 : MARITAL STATUS

Are you married or in a life partnership?	Yes	No
Is your spouse/life partner currently employed?	Yes	No
What does your spouse/life partnership earn per month?	R	

Please Note:
The boards of trustees require that you fill in Sections 3, 4 and 5 below to determine your financial needs. If you consider yourself financially independent and you do not wish to share all of that information, please indicate so below.

Declaration by or in respect of Potential Beneficiary

I am financially independent and have therefore not provided all of the information requested in Section3, 4 and 5 below.	Yes	No

SECTION 3 : EMPLOYMENT AND INCOME

What is your highest academic qualifications?	

Are you employed?	Yes	No
If you are unemployed, do you suffer from any disability that prevents you from working? If yes, please provide details below? _____ _____ _____ _____ _____ _____	Yes	No

If you are employed:

What is your occupation?	
What is your monthly salary?	R

Do you receive income from any of the following sources?

			Amount per Month
State Pension	Yes	No	
Other State Grant	Yes	No	
Pension from a pension fund	Yes	No	
Disability income	Yes	No	
Maintenance payments	Yes	No	
Rental income	Yes	No	
Income from investments	Yes	No	
Other (please specify)	Yes	No	

SECTION 4 : MONTHLY EXPENSES

YOUR EXPENSES EACH MONTH *(remember to include amounts that you pay once a year, by dividing the amount by 12)*	**AMOUNT R**
Income Tax	
Pension/Provident/Retirement Annuity Fund Contributions	
UIF	
Medical Aid Contributions	
Rent or Bond Payments	
Hire Purchase Payments on your vehicle	
Payments on furniture or personal loans	
Credit Card Payments	
YOUR EXPENSES EACH MONTH *(remember to include amounts that you pay once a year, by dividing the amount by 12)*	**AMOUNT R**
Payments on clothing accounts	
Groceries	
Water	
Electricity	
Rates and Taxes on Property	
School Fees (excluding fees for a child covered in PART C)	
Aftercare Fees (excluding fees for a child covered in PART C)	
School clothing and books (excluding fees for a child covered in PART C)	
Medical Expenses (doctor or chemist or clinic)	
Clothing (excluding expenses for a child covered in PART C)	
Transport (petrol, bus fare, train fare etc)	
Homeowners' or other short-term insurance	
Life and funeral insurance	
Telephone/Cell Phone (including pre-paid airtime)	
Maid/Gardener	
Alimony or Maintenance	
Donations/Church	
Entertainment	
Television (Mnet, DSat, TV license etc)	
Other: *(please list other items below):*	
TOTAL	

SECTION 5 : YOUR ASSETS

Asset	Description	Estimated Value
Properties:		
Primary Dwelling		R
Other		R
		R

Movable Assets:		
Vehicles		R
Household Contents		R
Other		R
		R
Investments:		
Shares		R
Unit Trusts		R
Cash		R
	Total Asset Value:	**R**

Liability	**Estimated Value**
Outstanding balances on bonds or home loans	R
Clothing Accounts	R
Outstanding balances on lease/hire purchase agreements	R
Outstanding balances on personal loans	R
Outstanding balances on credit cards	R
Total Liabilities	R

PART B: DEPENDENCY DETAILS OF ADULT DEPENDANT

Name and Surname	
Physical Address	

SECTION 1 : RELATIONSHIP WITH DECEASED

What was your relationship with the Deceased?		
Did you live with the Deceased at time of death?	Yes	No

SECTION 2 : EXTENT OF DEPENDENCY

To what extent did the Deceased provide for you?

(a)	The Deceased and I shared household expenses	Yes	No
	Please complete Table B2 below		
(b)	The Deceased was the only breadwinner in my household	Yes	No
	Please complete Table B2 below		

(c)	The Deceased contributed each month to the combined expenses of the household that I live in	Yes	No
	The amount the Deceased contributed to the household expenses each month was:	R	
	Please complete Table B2 below		

TABLE B2

The amount that the Deceased contributed towards the household was used to support the following persons;

Name	ID Number	Relation to Deceased

(d)	The Deceased paid me an amount each month	Yes	No
	The amount the Deceased paid me each month was:	R	
(e)	The Deceased paid for some of y monthly expenses, as indicated below		
	Expenses (e.g. petrol, rent, study, fees)	**Amount**	
		R	
		R	
		R	
		R	
		R	

SECTION 3 : OTHER BENEFITS

Did you receive any other benefits as a result of the Deceased's death?

Benefit Type			Amount
Lump sum from another Fund	Yes	No	R
Unapproved lump sum death benefit	Yes	No	R
Funeral Benefit	Yes	No	R
Any individual insurance policy	Yes	No	R
Any insured Education Benefit	Yes	No	R

PART C: CAREGIVER STATEMENT IN RESPECT OF MINOR

Please Note:
As Caregiver of a DEPENDANT or NOMINEE of the Deceased, you hereby acknowledge and agree that the board of trustees must process the Personal Information of the child in order to determine a fair allocation of the benefit to the child.

SECTION 1 : HOUSEHOLD STRUCTURE

Name and Surname	
Physical Address	

Please list all of the minor DEPENDANTS or NOMINEES of the Deceased living with you at the above address. Please complete the information in Section 2 for each child listed.

Name and Surname	ID Number

SECTION 2 : INDIVIDUAL CHILDREN'S NEEDS (Please complete a Table for each child)

MINOR CHILD 1:

Name and Surname of Child			
ID Number of Child			
Date of Birth			
1.	What was the child's relation to the Deceased?		
2.	What is your relation to the child?		
3.	Did the child live with the Deceased before the date of death?	Yes	No
4.	If the child did not live with the Deceased, who did he/she live with?		
5.	If the child was not in the care of the Deceased, did the Deceased pay maintenance in respect of the child?	Yes	No
	If the Deceased paid maintenance in respect of the child each month, what was the amount?	R	
6.	If the Deceased was not the biological parent of the child and/or you are not the biological parent of the child, please provide details of the child's biological parents or other biological parent:		
	Child's Mother (if not you or the Deceased):		
	Name and Surname	ID/Passport No	

	Contact No			Is she deceased	Yes	No
	Does she pay maintenance in respect of the child?	Yes	No	If she pays maintenance, how much per month?	R	
	Child's Father (if not you or the Deceased):					
	Name and Surname			ID/Passport No		
	Contact No			Is she deceased	Yes	No
	Does she pay maintenance in respect of the child?	Yes	No	If she pays maintenance, how much per month?	R	
7.	What is the child's level of education?					
8.	Does the child suffer from any disability or have any special needs?				Yes	No
	If so, please provide details?					
9.	What are the child's monthly maintenance needs?					
	Food and toiletries				R	
	School Fees				R	
	Aftercare				R	
	Transport				R	
	Books and stationery				R	
	Uniform				R	
	Clothing				R	
	Extramural Activities				R	
	Pocket money				R	
	Other				R	
					R	

MINOR CHILD 2:		
Name and Surname of Child		
ID Number of Child		
Date of Birth		
1.	What was the child's relation to the Deceased?	
2.	What is your relation to the child?	

3.	Did the child live with the Deceased before the date of death?				Yes	No
4.	If the child did not live with the Deceased, who did he/she live with?					
5.	If the child was not in the care of the Deceased, did the Deceased pay maintenance in respect of the child?				Yes	No
	If the Deceased paid maintenance in respect of the child each month, what was the amount?				R	
6.	If the Deceased was not the biological parent of the child and/or you are not the biological parent of the child, please provide details of the child's biological parents or other biological parent:					
	Child's Mother (if not you or the Deceased):					
	Name and Surname		ID/Passport No			
	Contact No		Is she deceased		Yes	No
	Does she pay maintenance in respect of the child?	Yes / No	If she pays maintenance, how much per month?	R		
	Child's Father (if not you or the Deceased):					
	Name and Surname		ID/Passport No			
	Contact No		Is she deceased		Yes	No
	Does she pay maintenance in respect of the child?	Yes / No	If she pays maintenance, how much per month?	R		
7.	What is the child's level of education?					
8.	Does the child suffer from any disability or have any special needs?				Yes	No
	If so, please provide details?					
9.	What are the child's monthly maintenance needs?					
	Food and toiletries				R	
	School Fees				R	
	Aftercare				R	
	Transport				R	
	Books and stationery				R	
	Uniform				R	
	Clothing				R	
	Extramural Activities				R	

	Pocket money	R
	Other	R
		R

MINOR CHILD 3:

Name and Surname of Child					
ID Number of Child					
Date of Birth					
1.	What was the child's relation to the Deceased?				
2.	What is your relation to the child?				
3.	Did the child live with the Deceased before the date of death?			Yes	No
4.	If the child did not live with the Deceased, who did he/she live with?				
5.	If the child was not in the care of the Deceased, did the Deceased pay maintenance in respect of the child?			Yes	No
	If the Deceased paid maintenance in respect of the child each month, what was the amount?			R	
6.	If the Deceased was not the biological parent of the child and/or you are not the biological parent of the child, please provide details of the child's biological parents or other biological parent:				
	Child's Mother (if not you or the Deceased):				
	Name and Surname		ID/Passport No		
	Contact No		Is she deceased	Yes	No
	Does she pay maintenance in respect of the child?	Yes / No	If she pays maintenance, how much per month?	R	
	Child's Father (if not you or the Deceased):				
	Name and Surname		ID/Passport No		
	Contact No		Is she deceased	Yes	No
	Does she pay maintenance in respect of the child?	Yes / No	If she pays maintenance, how much per month?	R	
7.	What is the child's level of education?				
8.	Does the child suffer from any disability or have any special needs?			Yes	No
	If so, please provide details?				
9.	What are the child's monthly maintenance needs?				

	Food and toiletries	R
	School Fees	R
	Aftercare	R
	Transport	R
	Books and stationery	R
	Uniform	R
	Clothing	R
	Extramural Activities	R
	Pocket money	R
	Other	R
		R

MINOR CHILD 4:

Name and Surname of Child	
ID Number of Child	
Date of Birth	

1.	What was the child's relation to the Deceased?			
2.	What is your relation to the child?			
3.	Did the child live with the Deceased before the date of death?		Yes	No
4.	If the child did not live with the Deceased, who did he/she live with?			
5.	If the child was not in the care of the Deceased, did the Deceased pay maintenance in respect of the child?		Yes	No
	If the Deceased paid maintenance in respect of the child each month, what was the amount?		R	

6. If the Deceased was not the biological parent of the child and/or you are not the biological parent of the child, please provide details of the child's biological parents or other biological parent:

Child's Mother (if not you or the Deceased):

Name and Surname			ID/Passport No		
Contact No			Is she deceased	Yes	No
Does she pay maintenance in respect of the child?	Yes	No	If she pays maintenance, how much per month?	R	

Child's Father (if not you or the Deceased):

Name and Surname			ID/Passport No		
Contact No			Is she deceased	Yes	No

	Does she pay maintenance in respect of the child?	Yes	No	If she pays maintenance, how much per month?	R
7.	What is the child's level of education?				
8.	Does the child suffer from any disability or have any special needs?			Yes	No
	If so, please provide details?				
9.	What are the child's monthly maintenance needs?				
	Food and toiletries				R
	School Fees				R
	Aftercare				R
	Transport				R
	Books and stationery				R
	Uniform				R
	Clothing				R
	Extramural Activities				R
	Pocket money				R
	Other				R
					R

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.