STANLIB

Declaration of Dependency form

Classic Retirement Annuity Fund, Classic Preservation Pension Plan, Classic Preservation Provident Plan

INVESTMENT NUMBER/S													
DECEASED'S FULL NAME													
DECEASED'S IDENTITY NUMBER													

Please read the following information and instructions carefully before completing this form

- 1. This form must be completed by a family member, or any other person with personal knowledge of the deceased's circumstances.
- 2. All sections and supporting documents must be signed before a Commissioner of Oaths.
- 3. This form will be used by the trustees to assist them with their decision regarding the distribution of the benefit. Payment of benefits may be delayed if the relevant sections of this document are not completed, and/or if information provided is incomplete.
- 4. With regard to all parties mentioned in this form, please complete the section below which is applicable to the person and submit the documentation specified in each section together with the completed form:

Party	Sections to be completed	Annexures to be completed
Executor	Section 2	
Spouse and previous spouse/s details	Section 3	Annexure B - Declaration of dependency or ; Annexure C - Declaration of non-dependency
Children's details (major, minor and including any step, adopted children and children born out of wedlock)	Section 4	Annexure B - Declaration of dependency or ; Annexure C - Declaration of non-dependency
Other dependants' details	Section 5	Annexure B - Declaration of dependency or; Annexure C - Declaration of non-dependency

5. Additional information - Please provide any information regarding relevant circumstances which you believe the trustees should consider in order to assist them in the distribution of benefits.

1. DETAILS OF THE DECEASED MEMBER

Please complete this section and provide the following supporting documentation:

- · Copy of the death certificate
- Notice of Death in the form of a copy of the BL1663/DHA-1663
- Last Will and Testament of the deceased, if available
- Copy of the deceased's medical aid card, or medical aid certificate
- Preliminary Liquidation and Distribution of the estate of the state of the deceased, if available
- Confirmation of the tax number of the deceased
- Annexure A Letter from a close friend confirming the family structure/dependency

In the event of an unnatural death we will also require:

• Police case number and the details of the investigation officer

DATE OF DEATH			-			-											
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ANNUAL GROSS INCOME FROM ALL SOURCES																	
MARITAL STATUS AT TIME OF DEATH:		MAF	RRIE		DIV	/ORC	ED	,	WIDC)W/W	IDOWER	NEVE MARI					
OCCUPATION AT TIME OF DEATH																	
ESTIMATED VALUE OF THE ESTATE																	



NAME OF EMPLOYER																								
ADDRESS																							Ī	
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TELEPHONE WORK																								
Details of retirement benefits with en	mployer	fund	:																					
FUND NAME:																								
EMPLOYER OR ADMINISTRATOR OF FUND:																							\Box	
ANNUITY/FUND MEMBER NUMBERS																							T	
TOTAL PROCEEDS OF ABOVE MENTIONED BENEFIT/POLICY																							T	
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B. Policies/Employer group life bene	fits																R R R							
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PARTICULARS OF EMPLOYER:

3. DETAILS OF SPOUSE AND PREVIOUS SPOUSE/S

If the deceased was married or had a life partner at the time of death, please complete the following information and submit the supporting documentation specified.

Required documentation:

- Copy of marriage certificate
- A statement from the Tribal Authority in the case of a Customary Marriage, indicating multiple spouses (if applicable)
- Divorce settlement/Agreement where applicable
- Copy of the death certificate of a previous spouse
- Annexure B Declaration of Dependency; or
- Annexure C Declaration of non-Depencency

Spouse's or life partner's details

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FULL NAME																					
IDENTITY NUMBER																					
RELATIONSHIP AND/OR DATE MARRIED																					
RESIDENTIAL ADDRESS																					
POSTAL ADDRESS																					
TELEPHONE WORK																					
TELEPHONE HOME																					
CELLPHONE NUMBER																					
E-MAIL ADDRESS																					
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DATE OF BIRTH D D M M Y Y Y Y	Child 1 details																									
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	DATE OF BIRTH			-			-																			
	ADDRESS	D	D		М	M		Y	Y	Y	Y									Т	\Box		T			

IF THIS PERSON LIVED WITH THE DECEASED, SINCE WHEN WERE THEY LIVING TOGETHER?



TELEPHONE NUMBER																									
E-MAIL ADDRESS																									
RELATIONSHIP TO DECEASED																									
(eg. biological child, adopted child, o	child t	born	out	of we	edloc	ck, st	epch	nild e	etc.)																
IN WHOSE CARE IS THE CHILD NOW?																									
WAS THE CHILD FINANCIALLY DEPENDI								YE								NO									
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DID THE DECEASED ESTABLISH A TRUS THEIR DEPENDENTS?	ST FOI	R TH	E BE	NEFI	ΓOF			YE	S							NC)								
IF THE ANSWER TO THE ABOVE QUEST	ION IS	YES	, PLE	ASE	PRO\	/IDE	DETA	AILS C	OF TH	IE TR	UST														
NAME OF CHILD'S LEGAL GUARDIAN																									
TELEPHONE NUMBER OF CHILD'S LEGAL GUARDIAN																									
If the child is not in the care of his/h	ier leç	gal g	uarc	lian,	plea	se p	rovic	le th	e co	ntact	deta	ils o	f the	per	son ii	n wh	ose (care	the	child	is cı	ırren	tly.		
Child 2 details																									
FULL NAMES																									
DATE OF BIRTH																									
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5. DETAILS OF PARENTS																									
Required documentation: (If the deceased has living parents)	Dep																								
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OTHER DEPENDENTS																							
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RELATIONSHIP TO DECEASED

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I certify that the above statement w the statement. The statement was s										_												

DATE

SIGNED AT



SIGNATURE OF COMMISSIONER OF OATHS