



the art and science of investing

# Death claim: Declaration of Dependency

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

**Please note:** A copy of this form **must** be sent to **STANLIB** and the **Intermediary** must also retain a complete copy of the application. In terms of the **FAIS Act**, the financial services provider that dealt with the client must deliver the original to the **CLIENT** for safe custody.

## Details of deceased member

Name

Investment number/s

Cause of death  Natural causes  Unnatural causes

Deceased's last employer

Contact details of deceased's last employer

Was the deceased a member of a medical aid?  Yes  No (If yes, submit proof of membership statement showing the beneficiaries on medical aid)

Deceased's income tax number

## Spouse/Life partner details

Was the deceased married at the date of death?  Yes  No

Date of marriage to deceased  DD -  MM -  CCYY

Was the deceased in a life partner relationship?  Yes  No

Spouse's/Life partner's full name and surname

Identity/Passport number  Mobile number  -

Telephone (work)  -

Was the deceased responsible for household/living expenses?  Yes  No

If yes, specify the percentage of household expenses the deceased was responsible for  %

Where the marriage was traditional/customary, please state details of all wives and family members who may have been supported by the deceased. Documents should be used to substantiate the amount of support received.

To enable the trustees of the relevant retirement fund to consider payment to a dependent in equitable proportions, we require the following information:

## Details of children

Children of deceased; this includes all children who have a direct relationship with the deceased.

### Child 1

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>					-	<input type="text"/>					Telephone (work)	<input type="text"/>		-	<input type="text"/>														
Relationship to deceased	<input type="text"/>																													
Financially dependent on the deceased	<input type="checkbox"/> Yes		<input type="checkbox"/> No																											

If financially dependent, please provide an affidavit confirming the extend of the financial dependency. This should include present and future studies and any specialised support given.

### Child 2

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>					-	<input type="text"/>					Telephone (work)	<input type="text"/>		-	<input type="text"/>														
Relationship to deceased	<input type="text"/>																													
Financially dependent on the deceased	<input type="checkbox"/> Yes		<input type="checkbox"/> No																											

If financially dependent, please provide an affidavit confirming the extend of the financial dependency. This should include present and future studies and any specialised support given.

### Child 3

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>					-	<input type="text"/>					Telephone (work)	<input type="text"/>		-	<input type="text"/>														
Relationship to deceased	<input type="text"/>																													
Financially dependent on the deceased	<input type="checkbox"/> Yes		<input type="checkbox"/> No																											

If financially dependent, please provide an affidavit confirming the extend of the financial dependency. This should include present and future studies and any specialised support given.

### Child 4

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>					-	<input type="text"/>					Telephone (work)	<input type="text"/>		-	<input type="text"/>														
Relationship to deceased	<input type="text"/>																													
Financially dependent on the deceased	<input type="checkbox"/> Yes		<input type="checkbox"/> No																											

If financially dependent, please provide an affidavit confirming the extend of the financial dependency. This should include present and future studies and any specialised support given.

### Child 5

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>					-	<input type="text"/>					Telephone (work)	<input type="text"/>		-	<input type="text"/>														
Relationship to deceased	<input type="text"/>																													
Financially dependent on the deceased	<input type="checkbox"/> Yes		<input type="checkbox"/> No																											

If financially dependent, please provide an affidavit confirming the extend of the financial dependency. This should include present and future studies and any specialised support given.

## Details of guardians

Please supply full names of the legal guardian(s) of any minor child (fostre parents do not necessarily qualify as guardians)

### Guardian 1

Full name and surname	<input type="text"/>
Identity/Passport number	<input type="text"/>
Child's name and surname	<input type="text"/>

### Guardian 2

Full name and surname	<input type="text"/>
Identity/Passport number	<input type="text"/>
Child's name and surname	<input type="text"/>

## Details of ex-spouse

Was the deceased previously married  Yes  No

Details of ex-spouse(s)/Life partner

### Spouse/Life partner 1

Full name and surname	<input type="text"/>
Identity/Passport number	<input type="text"/>
Mobile number	<input type="text"/> - <input type="text"/> Telephone <input type="text"/> - <input type="text"/>
E-mail/Postal address	<input type="text"/>

Did you receive any financial support from the deceased?  Yes  No

If yes, please specify amounts and provide an original certified copy of the divorce agreement

Amount in respect of ex-spouse/  
life partner  R

Amount in respect of children  R

### Spouse/Life partner 2

Full name and surname	<input type="text"/>
Identity/Passport number	<input type="text"/>
Mobile number	<input type="text"/> - <input type="text"/> Telephone <input type="text"/> - <input type="text"/>
E-mail/Postal address	<input type="text"/>

Did you receive any financial support from the deceased?  Yes  No

If yes, please specify amounts and provide an original certified copy of the divorce agreement

Amount in respect of ex-spouse/  
life partner  R

Amount in respect of children  R

## Details of other dependants

Name any other person financially dependent upon the deceased at any time of his/her death and any other person in respect of whom the member would have become legally obliged to maintain if the member had not died.

### Other dependant 1

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>	-	<input type="text"/>	Telephone	<input type="text"/>	-	<input type="text"/>																							
Relationship to deceased	<input type="text"/>																													

If financially dependent, please provide an affidavit confirming the extent of the financial dependency and any documentation to substantiate it.

### Other dependant 2

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>	-	<input type="text"/>	Telephone	<input type="text"/>	-	<input type="text"/>																							
Relationship to deceased	<input type="text"/>																													

If financially dependent, please provide an affidavit confirming the extent of the financial dependency and any documentation to substantiate it.

### Other dependant 3

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Mobile number	<input type="text"/>	-	<input type="text"/>	Telephone	<input type="text"/>	-	<input type="text"/>																							
Relationship to deceased	<input type="text"/>																													

If financially dependent, please provide an affidavit confirming the extent of the financial dependency and any documentation to substantiate it.

## Details of parents

### Parent 1

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Relationship to deceased	<input type="text"/>																													
Mobile number	<input type="text"/>	-	<input type="text"/>	Telephone	<input type="text"/>	-	<input type="text"/>																							
E-mail/Postal address	<input type="text"/>																													

If financially dependent, please provide an affidavit confirming the extent of the financial dependency and any documentation to substantiate it.

### Parent 2

Full name and surname	<input type="text"/>																													
Identity/Passport number	<input type="text"/>																													
Relationship to deceased	<input type="text"/>																													
Mobile number	<input type="text"/>	-	<input type="text"/>	Telephone	<input type="text"/>	-	<input type="text"/>																							
E-mail/Postal address	<input type="text"/>																													

If financially dependent, please provide an affidavit confirming the extent of the financial dependency and any documentation to substantiate it.



## Legal update

I certify the information furnished above is, to the best of my knowledge and belief, true, correct and complete.

Name and surname	<input type="text"/>																									
Mobile number	<input type="text"/>	-	<input type="text"/>	Fax number	<input type="text"/>	-	<input type="text"/>																			
E-mail/Postal address	<input type="text"/>																									

Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

## Witness

Name and surname	<input type="text"/>																									
------------------	----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

**Note:** This form cannot be processed unless all the required information has been supplied.

The suitable certifier must state that the copy of the document is: "Certified as a true copy of the original"

In addition, for photographic documentation e.g. national ID: "The photograph bears a true likeness to (name of individual)"

Please note that in the event of any modification or variation of this standard form STANLIB will regard this form as being invalid and of no force or effect. Please be advised of the following requirements for a Preservation fund death claim:

All retirement investments fall outside the deceased's estate. In terms of Section 37C of the Pension Funds Act, the Trustees must determine if the deceased had any dependants (minor dependants will take precedence) and pay out the funds accordingly. Should there be no dependants; the Trustees may pay out to any other parties nominated by the deceased on the statement of wishes. If both exist it will fall to the Trustees to determine the proportions to be allocated to the parties. Where the deceased has nominated a person to receive only a portion, the balance must then be paid to the estate. Please note that any person who was supported by the deceased, be it for accommodation, monthly/service allowance, payment of tuition charges, etc. will be considered a dependant. If there are no nominees, the asset will be paid to the Estate or according to the instruction of the Executor.

### Requirements:

- Declaration of Dependency signed by Executor or other authorised third party.
- Confirmation that there are no parents or siblings who are or may become dependent from any reliable third party who has known the deceased and his family over a number of years.
- Certified copy of death certificate.
- If the death is unnatural, the trustees will request a copy of the police report or coroner's report or both.
- Originally certified copy of letter of executorship/letter of authority and copy of will (if available) to provide indication of potential dependency.
- Medical Statement (if available - can indicate direct beneficiaries).
- Copy of ID documents of dependants and, if applicable, marriage/divorce certificates.
- If divorced or previously divorced, a copy of the Deed of Settlement - to indicate any maintenance payable.
- Confirmation that there are no parents or siblings who are or may become dependent from any reliable third party who has known the deceased and his family over a number of years.
- If there are parents or non-dependent children, an affidavit confirming no dependency.

### Further Requirements:

- Please note that once the initial documents have been reviewed, further documentation and/or questioning may be required by the Trustees. Where an Intermediary or dependent can anticipate proof of other potential dependants, the dependant or Intermediary should automatically provide the additional substantive documentation. A declaration or nomination of dependency is not binding on the Trustees.