

RECOMMENDATION FOR DEATH BENEFITS

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

NOTES:

Section 37C of the Pension Funds Act No.24 of 1956 sets out the requirements regarding payment of any benefit by a Fund upon the death of a member.

In terms of the Act, Trustees have a duty to ensure that the benefits are distributed fairly to dependants and nominees and to ensure that those financially dependant on the deceased are adequately provided for, before making any distribution to nominees.

The employer's recommendation must take into account the deceased member's expressed wishes as contained in the 'Beneficiary Nomination' form but fully understanding that such wishes are in no way binding on the Trustees who are bound to apply their minds to the matter before resolving how and to whom the benefit must be distributed. In applying their minds, the Trustees need to appreciate the legislated definition of a dependant, as follows:

1. a person for whom the member is legally liable for maintenance;
2. a person for whom the member is not legally liable for maintenance, if such person
 - 2.1. was, in the opinion of the Trustees, dependant on the deceased member for maintenance;
 - 2.2. is the spouse of a member (includes customary union);
 - 2.3. is the child of a member, including a posthumous child, an adopted child and an illegitimate child.

The employer must take cognisance of the obligations of the Trustees as set out above when making a recommendation.

Where there are no dependants, and the member designated in writing to the fund a nominee who is not a dependant of the member, to receive the benefit, the benefit will be paid to the nominee provided that where the aggregate of the amount of debts in the estate of the member exceeds the aggregate amount of assets in the estate, the shortfall will be paid before the nominee is paid.

DETAILS OF DECEASED

Fund name

Employer

Full names

Surname

ID or Passport number (if foreign national)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Date of death

D	D	M	M	Y	Y	Y	Y
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EMPLOYER RECOMMENDATION TO THE TRUSTEES

Cash lump sum benefits

BENEFICIARY	RELATIONSHIP	SHARE %	RAND AMOUNT

Lump sum in trust

BENEFICIARY	RELATIONSHIP	SHARE %	CAPITAL RAND AMOUNT	MONTHLY INCOME RAND AMOUNT	CAPITAL DISBURSEMENT DATE OF AGE

EMPLOYER DECLARATION

On behalf of the employer it is recommended that the benefits due be disbursed as detailed above.

Employer	
Representative	
Designation	

Company Stamp

Signature of representative

Date

D	D	M	M	Y	Y	Y	Y
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