

DEATH/FAMILY (FUNERAL) BENEFITS NOTIFICATION – MAIN MEMBER

(Incorporating the Declaration of Dependants)

| A. MEMBER DETAILS | | | | | |
|--------------------------|--|--|---------------|---------|------|
| Scheme name | | Scheme no. | | | |
| Name of employer | | | | | |
| Member's full name | Surname | | | | |
| (as per ID document) | First names | | | | |
| Membership no. | | Employee/ Payroll ref no. | | | |
| ID/passport no. | | Date of birth | | | |
| Date employment comm | enced | Member's annual fund salary at date of death | | | |
| If the member was in his | employer's service for a period of 12 m | nonths or less, please provide the attendance records and details of s | ick leave red | cords. | |
| B. CLAIM DETAILS | | | | | |
| Date of death | | | | | |
| | " or "being investigated" is not acceptab of death, a police report may be called | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name and address of m | edical practitioner who signed the death | a certificate | | | |
| | | | | | |
| Name and address of ar | ny other medical practitioner who attende | ed the member during the two years immediately prior to date of dea | h | | |
| | | | | | |
| Did the employer make of | contributions on the member's behalf to | an EduCator benefit? | | Yes | No |
| C. PAYEE DETAILS FO | R FAMILY (FUNERAL) BENEFITS (IF | APPLICABLE) | | | |
| Please clearly indica | ate with an X who should be refur | nded | | | |
| PAY: D EMP | LOYER BEN | NEFICIARY | | | |
| Name of account | t holder | | | | |
| Name of bank | | | | | |
| Name of branch | | Branch no | | | |
| Account no | | Type of account | | | |
| (An ORIGINAL c | ancelled cheque or ORIGINAL bank a | account statement must be attached for verification purposes, oth | nerwise pro | cessing | |

could be delayed)

NOTE: Payments made to beneficiaries may take longer to process due to verification done on their bank accounts.

| D. PRIC | DR LIEN DETAILS | | | | | | |
|---------|--|-----------------------|--------------|--|--|--|--|
| 1. | Where the scheme or employer has concluded a formal home loan agreement with a lending institution, | □ YES | □ NO | | | | |
| | does the member have any outstanding home loans in terms of this agreement? | | | | | | |
| | If yes, please provide details: (Documentary proof will be required) : | | | | | | |
| | | | | | | | |
| 2. | Are there any divorce orders against the fund in respect of this member? | □ YES | □ NO | | | | |
| | If "YES" provide copies of final divorce order. | | | | | | |
| 3. | Are there any maintenance orders against the fund in respect of this member? | □ YES | | | | | |
| | If "YES", provide copies of final maintenance order. | | | | | | |
| 4. | Are there any other prior liens against the fund in respect of this member? | 🗆 YES | | | | | |
| | If "YES", please attach copies for validation. | | | | | | |
| E TAX | DETAILS | | | | | | |
| Membe | er details | | | | | | |
| 1. Tax | no. | | | | | | |
| NOTE | It is compulsory for all members to have a tax number. | | | | | | |
| | nber's annual fund salary during the 12 months immediately preceding death | | | | | | |
| | nber's residential address | | | | | | |
| | | | | | | | |
| | | Code | | | | | |
| 4 Mer | nber's postal address | | | | | | |
| 1. 100 | | | | | | | |
| | | Code | | | | | |
| | | | | | | | |
| Emplo | yer details | | | | | | |
| 5. Con | npany PAYE reference no. | | | | | | |
| 6. Con | npany PAYE contact person | | | | | | |
| a) I | Name | | | | | | |
| b) 1 | Telephone no. | — | | | | | |
| 7. Con | npany postal address | | | | | | |
| | | | | | | | |
| | | Code | | | | | |
| 8. Con | npany physical address | | | | | | |
| | · · · · · | | | | | | |
| | | Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| F. EMP | LOYER DECLARATION OF DEPENDANTS | | | | | | |
| manage | nsion Funds Act lays down strict instructions as to how death benefits from retirement funds are to be distributed to de ement committee/trustees must always act within the terms of the Pension Funds Act. Please note that the managem to act in terms of any nominations made by the member. | | | | | | |
| | ble Liberty Life, as administrators of the scheme, to assist the management committee/trustees of the scheme to deter the deceased member's employer is requested to provide the following information. | mine the distribution | of the death | | | | |
| 1. | Did the deceased complete a written identification of dependants and nomination of beneficiary form? | Yes | □ No | | | | |
| | (If yes, please supply a copy of the latest form) | | | | | | |
| Note | | | | | | | |
| 2. | Was the deceased married at the date of death? | □ Yes | □ No | | | | |
| | (If yes, please supply a copy of the marriage certificate) | | | | | | |
| Note | In the case of a marriage/union which is not recognised by statute, e.g. customary union in accordance with Black law or to a union recognised as a marriage under the tenets of any Asiatic religion other documentation to support the union will be required. An affidavit by the tribal head (chief), the magistrate of the district or, where this is not available, an affidavit by the relevant surviving spouse will normally be sufficient proof of marriage. | | | | | | |

F. EMPLOYER DECLARATION OF DEPENDANTS (continued)

| Details of the spouse | |
|-----------------------|--|
| Surname | |
| First name | |
| ID number | |
| Tax reference number | |
| Address | |
| Bank details | |
| Employment details | |
| Income earned | |
| | |

| Was the deceased member previously married? | | Yes | 🗌 No |
|--|-------|-----|------|
| (If yes, please supply a copy of the Final Order(s) of divorce (full agreement) as well as proof of identity of the ex-spous | se/s) | | |
| If yes, did the ex-spouse/s receive maintenance from the deceased? | | Yes | 🗌 No |

| Details of the ex-spouse | |
|--------------------------|--|
| Surname | |
| First name | |
| ID number | |
| Tax reference number | |
| Address | |
| Bank details | |
| Employment details | |
| Income earned | |

4.

3a)

b)

List children from the present marriage, any previous marriages and any legally adopted or illegitimate children.

(We will require proof of age and relationship)

| Details of the children | | Child | 11 | | Child | d 2 | | Child | 3 | | Chil | d 4 | | Chi | ld 5 | |
|---|-----|-------|----|-----|-------|-----|-----|-------|----|-----|------|-----|-----|-----|------|--|
| Surname | | | | | | | | | | | | | | | | |
| First name | | | | | | | | | | | | | | | | |
| ID number | | | | | | | | | | | | | | | | |
| Tax reference number | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Bank details | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Employment details | | | | | | | | | | | | | | | | |
| Income earned | | | | | | | | | | | | | | | | |
| If still at school-what grade is the child currently completing | | | | | | | | | | | | | | | | |
| Was the child financially dependent on the deceased | Yes | | No | Yes | | No | Yes | | No | Yes | | No | Yes | | No | |

NOTE: Extent of financial dependency for each major child must be confirmed in an affidavit form. With effect from 1 July 2007 the age of majority was amended to 18.

F. EMPLOYER DECLARATION OF DEPENDANTS (continued)

Note

a) Where any minor children are not in the care of a surviving parent, please supply the name and address of the guardian appointed to care for such minor children.

- (We will require proof of identity and guardianship (affidavit) and also proof of bank account)
- Where the minor children are in the care of surviving parent provide relevant details (affidavit).

Guardian details

b)

| | Guardian/Parent of Child 1 | Guardian/Parent of Child 2 | Guardian/Parent of Child 3 | Guardian/Parent of Child 4 | Guardian/Parent of Child 5 |
|-----------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Title | | | | | |
| Surname | | | | | |
| First name | | | | | |
| Second name | | | | | |
| Relationship | | | | | |
| ID no | | | | | |
| Tax reference no | | | | | |
| Postal address | | | | | |
| | | | | | |
| | | | | | |
| Employment Details | | | | | |
| Bank details | | | | | |
| Bank name | | | | | |
| Branch name | | | | | |
| Branch code | | | | | |
| Account no | | | | | |
| Account holder's name | | | | | |

5.

List any other person/s that might have been financially dependent on the deceased member at the time of death. (We will require proof of age and relationship and also a proof of dependency affidavit).

| Surname | Forenames | ID no. | Relationship to member |
|---------|-----------|--------|------------------------|
| | | | |
| | | | |
| | | | |

6

Is there any reason to think that any potential beneficiary or guardian is incapable of managing his/her own affairs or finances? If so, please list any such person. The management committee/trustees may consider setting up a trust for the benefit of such person. (We will require supporting documentation explaining the impairment.)

| Surname | First names | Nature of impairment |
|---------|-------------|----------------------|
| | | |
| | | |
| | | |

Note If space is inadequate please use separate sheet of paper.

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. Do not sign blank or incomplete forms.

Benefits paid from the fund are payable in Rands (R) only and it is up to the payee concerned to make any necessary arrangements to transfer the benefit

If you request a cheque, you indemnify Liberty Life and the scheme should the cheque be stolen or otherwise go missing.

Upon payment in terms of the above instructions, the scheme shall have no further liabilities in respect of the member.

Please supply details and proof of bank account, e.g. original cancelled cheque or original bank statement or a letter.

outside of South Africa, in the event of subsequently leaving the country.

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| TRUSTEE RESOLUTION FOR STAND-ALONE FUNDS / MANAGEMENT COMMITTEE'S RECOMMENDATIONS | (FOR | FUNDS |
|---|------|-------|
| TROOTEE RECOECTION FOR CTARD ACONE FORDO / MANACEMENT FEE C RECOMMENDATIONO | | |

Based on the above information it is recommended/has been resolved that the benefit be distributed as follows:

| Title | Surname | Initials | ID no. | Relationship to Member | % of benefit | Payment institution* |
|-------|---------|----------|--------|------------------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Please indicate, for each recipient, where payment (and what percentage of payment, if to be split) will be placed – e.g. bank account, trust account, annuity policy or other investment.

For stand alone funds only

G.

It is compulsory to complete the above Trustee Resolution. If not, payment will not be initiated. Please note that the Trustee Resolution must be signed by 2 Trustees at all times.

Authorised 1st trustee full name

Signed

Authorised 2nd trustee full name

Signed

H. PAYMENT DETAILS

We request Liberty Life to pay the benefit due by direct deposit as follows, taking into consideration trusts (for minor children), guardians, repayment of loans, and the like.

| Payee name | Postal address | Bank details |
|-------------|----------------|-----------------------|
| | | Bank name |
| | | Branch name |
| | | Branch code |
| | | Account no |
| Contact no. | Code | Account holder's name |
| | | Bank name |
| | | Branch name |
| | | Branch code |
| | | Account no |
| Contact no. | Code | Account holder's name |
| | | Bank name |
| | | Branch name |
| | | Branch code |
| | | Account no |
| Contact no. | Code | Account holder's name |
| | | Bank name |
| | | Branch name |
| | | Branch code |
| | | Account no |
| Contact no. | Code | Account holder's name |

Note:

a)

b)

c) d)

Date

Date

| I. DOCUMENTATION REQUIREMENTS | |
|---|----------|
| Death certificate | Enclosed |
| Proof of identity of the deceased | Enclosed |
| Proof of loans (if applicable) – Section C | Enclosed |
| Identification of Dependants and Nomination of Beneficiary form (if available) – Section E1 | Enclosed |
| Solvency statement (if applicable) – Section E1 | Enclosed |
| Proof of age and relationship of spouse/s (if applicable) – e.g. identity document and marriage certificate, or an affidavit – Section E2 | Enclosed |
| Copy of final order/s of divorce and proof of identity of ex-spouse/s (if applicable) – Section E3 | Enclosed |
| Copy of proof of age and relationship of any child/children (if applicable) - e.g. identity document or birth certificate - Section E4 | Enclosed |
| Proof of identity and relationship of any surviving parent – e.g. identity document and an affidavit. | Enclosed |
| Proof of identity and guardianship in respect of the guardian/s of any minor child/children (if applicable) – e.g. identity document and an affidavit - and also proof of bank account – Section E4 | Enclosed |
| Copy of registered trust deed for stand alone schemes only (if applicable) – Section E4 | Enclosed |
| Copy of proof of identity and relationship and also proof of dependency affidavit for persons financially dependent upon the member (if applicable) – Section E5 | Enclosed |
| Supporting documentation for an impaired beneficiary and/or guardian (if applicable) – Section E6 | Enclosed |
| Proof of bank details for all payees – Section G | Enclosed |
| Attendance and sick leave records where applicable | Enclosed |
| Copy of last will and testament if available | Enclosed |
| Police report where applicable | Enclosed |
| Court orders where applicable | Enclosed |
| Financial Questionnaire where applicable | Enclosed |
| Other Documents | Enclosed |
| | |

NOTE:

Further information/documentation may be requested before the claim can be finalised.

J. EMPLOYER'S DECLARATION

I, the undersigned hereby certify that the above information submitted by me is to the best of my belief and knowledge both true and correct and further confirm that I have not withheld, concealed or misstated any information. I confirm that that I have provided detailed information relating to this claim to assist the trustees in determining the appropriate apportionment of benefits and Liberty Life is hereby authorised to make payment as stated in the trustees' resolution.

AUTHORISED SIGNATORY

DATE

Company Stamp

Benefits payable on the death of a member from a pension or provident fund

The scheme rules specify not only the amount of the death benefit, but also the form in which it becomes payable, for example, as a lump sum or as a monthly pension.

Disposition of the benefits payable by the scheme is governed by Section 37C of the Pension Funds Act, 1956 as amended. In terms of this section, benefits are paid to the dependents of the member (including the member's immediate family and anyone who was actually dependent on the member prior to his death) as well as to beneficiaries nominated in writing by the member prior to his death.

Note: As a general rule, the interests of dependants take precedence over those of non-dependant nominated beneficiaries.

In all cases, the trustees are responsible for the distribution and allocation of benefits in the proportions they deem fair and equitable to each dependant or nominated beneficiary and whether the benefit should be paid in the form of a lump sum or a pension.

Code of good practice

The trustees of Corporate Selection retirement schemes that form part of our umbrella arrangement will apply the following code of practice when distributing benefits to beneficiaries and/or dependants:

- 1. The trustees will make every effort to identify both legal and factual dependants of the deceased member. Specifically, the trustees will rely on:
 - Information stated on the Declaration of Dependants form that is completed by the employer;
 - Information stated by the member before his death on the Identification of Dependants and Nomination of Beneficiary form;
 - Any statements made by the member's family;
 - Any other information that can be obtained
- 2. The trustees will consider any persons nominated in writing by the member before his death.
- 3. Based on the information gathered in terms of items 1 and 2 above, the trustees will determine the distribution of the after-tax approved proceeds in terms of Section 37C of the Pension Funds Act.

The following general principles will apply

- Where there are minor children, or beneficiaries incapable of managing their own affairs, the proceeds will be placed into a trust selected by the
 employer or, failing that, selected by Liberty Life (unless the distributable proceeds are so small as to render this impractical). In the case of
 minors, the trust will terminate at attainment of age 18 unless there are specific reasons to override this rule;
- The proportion of the proceeds payable into a trust for the benefit of minor children will normally be determined by reference to their age. In effect, the proportion of the benefits will be calculated according to the number of years until they reach age 18 unless there are specific reasons to override this rule;
- Normally a trust will be set up so that the income is payable to the guardian in respect of the minor child(ren). If required, a fixed capital payment may be made by the trustees before the child reaches majority age with the proviso that it is made clear that the capital in the trust is being eroded;
- Unless a major dependant is legally incapable of managing money, all payments to majors will be in cash;
- No payment to a major will be paid in instalments unless the person concerned has agreed to payment of instalments in writing;
- Where there are major children who were not dependent on the member at the date of death, a nominal payment will be made to such major children in all cases unless the total distributable proceeds are so small as to render this impractical;
- Where there are unapproved Group Life Assurance benefits, these will be distributed in terms of any nomination of beneficiary completed by the member before his death. If no nomination was completed, the unapproved benefits will be distributed in the same manner and in the same proportions as the approved benefits. If there is no nomination and solely on approved Group Life Assurance benefits, the trustees will follow Section 37C in determining the distribution of unapproved proceeds.
- 4. If the trustees have been unable to trace all potential dependants with certainty, the proceeds may be paid into the member's estate after a period of 12 months from the member's death.
- 5. If there is likely to be a delay in finalising the distribution of proceeds, or in case of hardship affecting any of the beneficiaries, the trustees may approve an advance payment to the beneficiary concerned.
- 6. Full details of the trustees' determination of the distribution will be recorded on a trustee's resolution signed by at least two trustees.
- 7. The trustees' decision on the distribution of proceeds will be formally advised to the employer in each case, under the supervision of the principal officer of the Corporate Selection schemes.
- 8. Individual beneficiaries will be advised of their share of the distributable proceeds, without further explanation.

Option 1: Lump sum death benefits

Lump sum benefits paid on the death of a member of a pension or provident scheme will be subject to income tax prior to settlement. We recommend that professional advice be sought to ensure the best possible investment of the proceeds.

Option 2: Payment in the form of a pension

Where the benefit is paid in the form of a pension, the following information will be provided:

- · the amount of pension and the frequency of payment;
- the point at which payments will cease (for example, on death or when a minor child reaches the age of 18);
- whether the pension will increase to counteract inflation;
- whether the pension will continue, for example, to minor children if the pensioner should die;
- administrative requirements, such as proof of continued existence.

Family (funeral) benefits

In addition to normal death benefits, a scheme may provide additional death cover for a member and his immediate family to assist with the funeral costs. The benefit is payable with a minimum of formality, usually on production of a death certificate. The usual method of settlement is to reimburse the employer, where the employer has advanced money for immediate funeral costs.

The benefit is offered in multiples of R1 000 to a maximum of R10 000 according to pre-determined scales.

Accidental death benefits

We provide accidental death benefits only in conjunction with a Group Life scheme that we underwrite. The accidental death benefit cover may not exceed the lesser of the cover provided by the Group Life scheme and R700 000.

The accidental death benefit becomes payable where a member dies as a consequence of direct bodily injury caused by violent, accidental, external and visible means and death occurs within 90 days of the accident. The benefit is payable in addition to the normal death benefit provided by the scheme.

Accidents arising from certain dangerous sports and other activities are excluded as a cause for the payment of this benefit. Please refer to the policy document for details.

Spouse's death benefit

Through the medium of a separate unapproved Group Life Assurance scheme, we can provide cover for a lump sum payment on the death of a member's spouse. There are certain limitations to the amounts that can be provided. Please refer to the policy document for details.

EduCator benefit

If contributions were made to the EduCator benefit, in the event of the death of the member, eligible dependents may receive this benefit as detailed in the rules of the fund. This benefit provides for the payment of tuition fees for the children beneficiaries of deceased members, directly to the institutions concerned.