



BONA LIFE INSURANCE (PTY) LTD COMPANY No: CO2013/4696

RETIREMENT FUND- Individual Member Form

DISPOSAL OF DEATH BENEFITS QUESTIONNAIRE

1. Full Names of the deceased member	
2. Date of Birth	
3. Date of Death	
4. Cause of Death	
5. Date Bona Life advised	

This questionnaire should be fully completed. If any sections are not applicable, please indicate by scoring through the questions, or marking N/A.

All nominees and/or beneficiaries are to initialize all pages upon completion of this form.

DOCUMENTS REQUIRED

Copies of the following documents **MUST** be obtained and attached to the completed questionnaire:

- a) ID documents of:
 - I. Spouse(s)
 - II. Dependents
 - III. Guardian(s) of minor children
 - IV. Nominated beneficiaries
 - V. Other rightful/ beneficiaries not stated.
- b) Marriage Certificate (s) / Customary Union Certificate (s) / Confirmation of Marriage (s) from Tribal Chief
- c) Children’s Birth / Baptism Certificates
- d) Member’s dependent form
- e) Maintenance order or agreement (if applicable)
- f) Proof of financial dependency (where possible)
- g) Proof of full-time education for dependent children over age 21 (if applicable)
- h) Proof of account for all nominees and/or beneficiaries (detailing client names and bank account)

Comments:

HUMAN RESOURCES DEPARTMENT / TRUSTEES TO INTERVIEW DECEASED MEMBER'S DEPENDANTS TO ESTABLISH THE FOLLOWING INFORMATION

1. MARRIED

1.1 Was the deceased married? Yes No *Please tick✓* (If yes, complete the following for each spouse.)

SPOUSE 1

SPOUSE 2

Forename(s)			
Surname			
Omang/Passport Number			
Date of Birth			
Postal Address			
Telephone			
Marriage Type	<input type="checkbox"/> Civil	<input type="checkbox"/> Customary	<i>Please tick✓</i>
Accommodation	<input type="checkbox"/> Owned		<input type="checkbox"/> Rented/Bonded
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Forename(s)			
Surname			
Omang/Passport Number			
Date of Birth			
Postal Address			
Telephone			
Marriage Type	<input type="checkbox"/> Civil	<input type="checkbox"/> Customary	<i>Please tick✓</i>
Accommodation	<input type="checkbox"/> Owned		<input type="checkbox"/> Rented/Bonded
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Bank Details (NB: Post office Savings Accounts are not applicable)

Bank Name	
Account Holder	
Branch	
Branch Code	
Account Number	
Type of Account	

Bank Name	
Account Holder	
Branch	
Branch Code	
Account Number	
Type of Account	

SPOUSE 3

SPOUSE 4

Forename(s)			
Surname			
Omang/Passport Number			
Date of Birth			
Postal Address			
Telephone			
Marriage Type	Civil	Customary	<i>Please tick</i> ✓
Accommodation	Owned		Rented/Bonded
Employed	Yes	No	
Relationship to deceased			

	Civil	Customary	<i>Please tick</i> ✓
	Owned		Rented/Bonded
	Yes	No	

Bank Details (NB: Post office Savings Accounts are not applicable)

Bank Name	
Account Holder	
Branch	
Branch Code	
Account Number	
Type of Account	

1.2 Were deceased and spouse/s living together as man and wife at the date of the member's death?

Yes No *Please tick* ✓

If no, to what extent was the deceased member supporting the spouse?

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1.3 What is the spouse's current living arrangement?

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1.4 What is the spouse's current financial situation (see pages 9, 10 and 11 and complete separately for each spouse).

1.5 Did the relationship bear children? Yes No *Please tick* ✓

If yes, list the children's names here and supply full details under 4.1

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2. UNMARRIED

2.1 Was the deceased living with anyone as man and wife?

2.1 Was the deceased living with anyone as man and wife?

Yes

No

Please tick ✓

If yes, for how long?

State in respect of partner:

Full Names:

I.D. Number:

Date of Birth:

2.2 What is the partner's current living arrangement?

2.3 Did the deceased support the partner?

Yes

No

Please tick ✓

If yes, to what extent?

(See pages 9, 10 and 11 and complete separately for each partner if necessary)

2.4 Did the relationship bear children?

Yes

No

Please tick ✓

If yes, list the children's names here and supply full details under 4.1.

3. DIVORCED

3.1 Was the deceased living with anyone as man and wife?

Yes

No

Please tick ✓

State in respect of the ex-spouse:

Full Names:

I.D. Number:

Date of Birth:

Monthly maintenance payments:

3.2 Are there maintenance payments for the spouse or for dependent children?

3.4 Is the ex-spouse still alive? Yes No *Please tick ✓*

3.4 If yes, has the ex-spouse remarried? Yes No *Please tick ✓*

3.5 What is the ex-spouse(s) current living arrangements?

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3.6 What is the of ex-spouse (s) financial situation?

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(see pages 10,11 and 12 and complete separately for each ex-spouse)

2.4 Did the relationship bear children? Yes No *Please tick ✓*

If yes, list the children's names here and supply full details under 4.1

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4. DEPENDANTS

To qualify as a dependent the following requirements must be satisfied:

- (i) The person claiming support must be unable to support himself/herself.
- (ii) The deceased must have either been liable for support or was supporting the dependent.
- (iii) The deceased must have been financially able to support the dependent.

4.1 DETAILS OF DEPENDANT CHILDREN, BOTH MINOR AND MAJOR (I.E. UNDER AND OVER AGE 21)

NAME	AGE	DATE OF BIRTH	SCHOOL / UNIVERSITY	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED	CONTACT NUMBER

(Attach proof of full-time education if over 21)

4.1.1 If divorced or separated, was the deceased supporting the children either voluntarily or in terms of maintenance order or agreement?

 Yes

 No

Please tick ✓

If yes, please provide details of support for each child

4.1.2 Are the children in the deceased's spouse, or ex-spouse? Yes

No Please tick ✓

4.1.3 If no, are the children being cared for by a guardian? Yes

No Please tick ✓

If yes, please complete the following in respect of the Guardian:

GUARDIANS DETAILS

Forename(s)			
Surname			
Omang/Passport Number			
Date of Birth			
Postal Address			
Telephone			
Accommodation	Owned		Rented/Bonded
Employed	Yes	No	

GUARDIANS DETAILS

Owned		Rented/Bonded	
Yes	No		

Bank Details (NB: Post office Savings Accounts are not applicable)

Bank Name			
Account Holder			
Branch			
Branch Code			
Account Number			
Type of Account			

4.1.4 What is the Guardian and children's current living arrangements?

4.1.5 What is the Guardian's financial situation?

(See pages 12, 13 and 14 and complete a separate page for each Guardian if necessary).

4.1.6 Please supply any other information relevant to the care and financial situation of the dependent children.

4.2 OTHER FINANCIAL DEPENDANTS (for example: brothers, sisters, parents, grandparents, uncles, aunts, other family, or friends)

NAME	AGE	DATE OF BIRTH	SCHOOL / UNIVERSITY	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

4.2.1 What is the Guardian's financial situation?

(If necessary complete pages 9,11 and 12 for each of the above dependents.)

4.2.2 If there are "other financial dependents", please complete the following:

DEPEDANT'S DETAILS

Name			
Omang/Passport Number			
Date of Birth			
Postal Address			
Telephone			
Accommodation	Owned	Rented/Bonded	
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Relationship to Deceased			

DEPENDENT'S DETAILS

	Owned	Rented/Bonded	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Bank Details (NB: Post office Savings Accounts are not applicable)

Bank Name	
Account Holder	
Branch	
Branch Code	
Account Number	
Type of Account	

5. NOMINEES

5.1 List all non-dependent beneficiaries nominated to the Fund on the member's dependent and nominee form.

NAME	AMOUNT STIPULATED (% or P)	RELATIONSHIP TO THE DECEASED

5.2 Complete the following in respect of each Nominee.

NOMINEES'S DETAILS

Name			
Omang/Passport Number			
Date of Birth			
Postal Address			
Telephone			
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

NOMINEE'S DETAILS

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Bank Details (NB: Post office Savings Accounts are not applicable)

Bank Name	
Account Holder	
Branch	
Branch Code	
Account Number	
Type of Account	

5.3 If known, provide details of why the deceased nominated the above person(s).

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6. RECOMMENDATION TO THE TRUSTEES

6.1 DISTRIBUTION OF THE DEATH BENEFIT

NAME	RELATIONSHIP TO THE DECEASED	% SHARE OF BENEFIT	PULA AMOUNT	RELATIONSHIP TO THE DECEASED

REASONS FOR THE RECOMMENDATION (please provide as many details as possible):

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7.1. Other Claimants

Other than the people mentioned in this document, were there any other people claiming a right to the benefit, or a portion thereof? If there were, please provide details of the people concerned and the reasons why they have not been included in the recommendation.

7.2. Any Other Relevant Information

If there is any other information or mitigating circumstances that you feel should be taken into account by the Trustees when considering the recommendation, please provide details below.

8. DECLARATIONS

I _____ of ID number/passport no. _____ being of sober and sound mind and acting willfully do hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief, and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature: _____

Date: _____

In witness of: _____

Date: _____

NB: all those that have written their initials on this questionnaire are required to also fill out the declaration page.

