

Notification of Death

(WD2024)



Ensimini

1. INSTRUCTIONS TO COMPLETE THIS FORM

1. This form must be completed and signed by the authorised signatory at the employer in the event of the death of a member.
2. It constitutes the employer's confirmation to the fund and its administrator that the member has passed away.
3. The employer must ensure that all information requested is completed in full, that the employer's authorised signatory sign the form and that all relevant supporting documentation referred to herein is attached to the form. Failure to do so will cause delays in processing.

2. MEMBER PERSONAL DETAILS

Surname			
First Names			
Date of Birth	DD/MM/YYYY	Identity Number	
Date of Death	DD/MM/YYYY	Income Tax Number	
Date of Last Contribution	DD/MM/YYYY	Employee Number	
Residential Address			
		Postal Code	
Contact Person/Next of Kin			
Contact Person/Next of Kin Contact details			
Was Member Employed Outside of South Africa?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, from	DD/MM/YYYY	to	DD/MM/YYYY

3. DISTRIBUTION OF DEATH BENEFITS

Section 37C of the Pension Funds Act sets out how death benefits should be distributed amongst the member's beneficiaries, following an assessment by the Trustees. Section 37C also allows for death benefits to be paid to persons other than dependants, if nominated by the member. However, the first consideration must be to protect the dependants of the deceased member.

Beneficiary is defined as a nominee of a member or a dependant who is entitled to a benefit, as provided for in the Rules of the Fund.

Dependant is defined as:

- (a) A person in respect of whom the member is legally liable for maintenance;
- (b) A person in respect of whom the member is not legally liable for maintenance, if such person:
 - Was, in the opinion of the board, upon death of the member in fact dependent on the member for maintenance
 - Is the spouse of the member
 - Is a child of the member, including a posthumous child, an adopted child and a child born out of wedlock.
- (c) A person in respect of whom the member would have become legally liable for maintenance had the member not died.

Nominee is defined as a person who is not a dependant of the member but who has been designated in writing by the member as a nominee, to receive such part of the benefit as is specified by the member.

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4. NOMINATION OF BENEFICIARY FORM

Did the deceased complete a Nomination of Beneficiary form?	Yes (Attach Copy)	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you aware of any additional beneficiaries to be considered such as:

- Children not mentioned in the beneficiary nomination form;
- Change in spouse/partner details, and
- Any additional financial dependents – if yes please can you specify the details of such persons below

Relationship to deceased	Details

5. INDEBTEDNESS

Deductions from benefits are only permissible in the following circumstances:

- Where the member's indebted in respect of a housing loan in terms of Section 19(5) of the Pension Funds Act
- Damage caused to the Employer as a result of the member's misconduct, dishonesty, theft or fraud, where a court order or admission of guilt has been obtained
- Valid court order e.g., divorce or maintenance

Do any of the following apply, affecting the payment of benefits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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• Housing loan in terms of Section 19(5)	Amount	R	
• Indebtedness to the Employer as a result of damage caused by the member	Amount	R	
• Court Order			
× Maintenance Order	Amount	R	
× Divorce Order	Amount	R	

Please attach proof of any such indebtedness indicated above, in respect of court orders kindly attach a certified copy of the court order.

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6. DECLARATION BY EMPLOYER

This section needs to be completed by the employer. By signing this section of the form, the authorised signatory of the employer confirms on behalf of the employer that:

1. He / she is authorised to sign this form on behalf of the employer.
2. The employer has deducted the contributions that were required until the date of death and these have been paid to the fund.
3. The member's details provided on this form are in line with the employer's records.
4. All information on this form is correct and complete. If anyone suffers any loss because of incorrect or incomplete information in this form, neither the fund or its administrator is responsible for the loss.

Name & Surname		Identity Number	
Signature of Employer's Authorised Signatory		Date	DD/MM/YYYY
Designation		Company Stamp	

In the event of any queries please feel free to contact the Fund Administrator, Ensimini Administration Services (Pty) Ltd.

T 011 381 7960 | F 086 644 195 | W ensimini.com

A The Metal Box, 9th Floor, 25 Owl Street, Auckland Park, Johannesburg, South Africa, 2193

P Postnet Box 30, Private Bag X12, Greenside, South Africa, 2034

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