

# Death claim: Form F

## Dependants / Nominees

### Protection of Personal Information Disclosure

#### Why Personal Information is required:

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

#### Changing and correcting Personal Information:

You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

#### Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).



Member Quick Access Self Service

**Get in touch with your retirement information**

#### Member Support:

You can update your contact details by registering and logging into our member portal here:

**Web:** <https://cp.sanlam.co.za> or **Email:** [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or **Tel:** 086 122 3646

## Important Information

- **Form F** has been designed to capture the information of dependants/nominees of the deceased. As the dependant/nominee, you are required to complete all the information and to submit all the documents listed.
- The sooner you return the completed form and documents to the employer, the sooner the fund will be in a position to assess the information and make an allocation.
- It is the duty of the Board of Trustees of the Fund to allocate the death benefits to beneficiaries of a deceased member in terms of Section 37C of the Pension Fund Act. The Act allows the Board up to 12 months to ensure that all potential beneficiaries are identified and therefore it can be a lengthy process. It is in your interest to provide the Board with as much relevant information as soon as possible.
- Once the Board has completed its investigation, they will compile a schedule of all persons who qualify as dependants and nominees (schedule of potential dependants) and will circulate it to all potential dependants for their information and comment to ensure accuracy. In order to protect personal information, only the following desensitised information of the potential dependants will be shared: name, age, relationship to deceased, whether nominated as a beneficiary or a dependant, whether he or she lived in the deceased's home, the extent of dependency on the significantly owned capital, future earning capacity and prospects.
- Only once the schedule is finalised can a final allocation of the death benefit be made.
- If you require any assistance with the completion of this form, you may contact us on the following telephone number: (086) 122-3646 during office hours.
- Please e-mail the completed documentation to: [sanlamEB@sanlam.co.za](mailto:sanlamEB@sanlam.co.za)

### SECTION A: Deceased's details

|                            |  |                                      |  |
|----------------------------|--|--------------------------------------|--|
| Title                      |  |                                      |  |
| First name(s)              |  |                                      |  |
| Surname                    |  |                                      |  |
| RSA identity number*       |  | *Compulsory                          |  |
| Passport number*           |  | *Compulsory if RSA ID not used above |  |
| Date of birth (dd/mm/yyyy) |  | *Compulsory if Passport used         |  |
| Participating employer     |  |                                      |  |
| Employer fund number       |  |                                      |  |

### SECTION B: Details of the dependent/nominee

|                                        |     |                                      |                             |
|----------------------------------------|-----|--------------------------------------|-----------------------------|
| First name(s)                          |     |                                      |                             |
| Surname                                |     |                                      |                             |
| RSA identity number*                   |     | *Compulsory                          |                             |
| Passport number*                       |     | *Compulsory if RSA ID not used above |                             |
| Date of birth (dd/mm/yyyy)             |     | *Compulsory if Passport used         |                             |
| Residential Address                    |     |                                      |                             |
| Postal Address                         |     |                                      |                             |
| Contact number                         |     | Alternative                          |                             |
| Email address                          |     |                                      |                             |
| Is the dependent over 18 years of age? | Yes | <input type="checkbox"/>             | No <input type="checkbox"/> |

|                                                                                                                                                                           |         |                             |         |                          |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------|---------|--------------------------|---------------------------------------------------------------|
| What is your relationship to the deceased?                                                                                                                                |         |                             |         |                          |                                                               |
| Did you live with the deceased on a permanent basis at the time of the deceased's death?                                                                                  | Yes     | <input type="checkbox"/>    | No      | <input type="checkbox"/> |                                                               |
| Are you at school/university/employed? (If employed, please complete section C below)                                                                                     | Yes     | <input type="checkbox"/>    | No      | <input type="checkbox"/> |                                                               |
| Name of institution                                                                                                                                                       |         |                             |         |                          |                                                               |
| Course registered for                                                                                                                                                     |         | Normal duration of course   |         |                          |                                                               |
| Expected date of completion                                                                                                                                               |         | Expected date of completion |         |                          |                                                               |
| To what extent was the deceased supporting you? (Provide proof)                                                                                                           | Other * | <input type="checkbox"/>    | Fully   | <input type="checkbox"/> | Partial <input type="checkbox"/> Not <input type="checkbox"/> |
| * Divorce Order/Maintenance Order                                                                                                                                         |         |                             |         |                          |                                                               |
| Frequency of maintenance payments                                                                                                                                         | Regular | <input type="checkbox"/>    | Monthly | <input type="checkbox"/> | None <input type="checkbox"/> Ad hoc <input type="checkbox"/> |
| Value/amount                                                                                                                                                              | R       |                             |         |                          |                                                               |
| What was the nature of support?                                                                                                                                           |         |                             |         |                          |                                                               |
| Did/will you receive any other monetary benefits from the deceased's estate such as an inheritance, the proceeds of an insurance policy or a group life insurance scheme? | Yes     | <input type="checkbox"/>    | No      | <input type="checkbox"/> |                                                               |
| If yes, please provide details and value                                                                                                                                  | R       |                             |         |                          |                                                               |

### Banking details

|                |  |              |  |
|----------------|--|--------------|--|
| Name of Bank   |  |              |  |
| Account number |  | Account type |  |
| Branch name    |  | Branch Code  |  |

### SECTION C: Employment details of biological parent/guardian/care giver of the minor child or major dependent/nominee

|                                                                                               |                                        |                                    |                                   |                                     |                                                |                                    |                                |
|-----------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|
| Full names of biological parent/guardian                                                      |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| Identity number of biological parent/guardian                                                 |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| What is your employment status?                                                               |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| Full-time <input type="checkbox"/>                                                            | Self-employed <input type="checkbox"/> | Part-time <input type="checkbox"/> | Odd jobs <input type="checkbox"/> | Unemployed <input type="checkbox"/> | Permanently disabled* <input type="checkbox"/> | Pensioner <input type="checkbox"/> | Other <input type="checkbox"/> |
| *Please provide details and attach proof from the doctor.                                     |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| If unemployed, please indicate your work experience, qualifications/training (employability). |                                        |                                    |                                   |                                     |                                                |                                    |                                |
|                                                                                               |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| What is your gross annual income/pension?                                                     | R                                      |                                    |                                   |                                     |                                                |                                    |                                |
| Position/type of assignments undertaken                                                       |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| Name of the employer/network                                                                  |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| Employer Contact number                                                                       |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| Employer Address                                                                              |                                        |                                    |                                   |                                     |                                                |                                    |                                |
| Postal Address                                                                                |                                        |                                    |                                   |                                     |                                                |                                    |                                |

|                                                                                                     |     |                          |                             |
|-----------------------------------------------------------------------------------------------------|-----|--------------------------|-----------------------------|
| Contact number                                                                                      |     |                          |                             |
| Email Address                                                                                       |     |                          |                             |
| What other income did you received?                                                                 |     |                          |                             |
| Do you receive a government grant?                                                                  | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, specify the type of grant as well as the amount: Disability grant/Old age grant/Child grant |     |                          |                             |
|                                                                                                     | R   |                          |                             |

## SECTION D: Personal and financial details

|                                                                          |     |                          |    |                          |
|--------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you own any significant assets/property?                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please provide details and value                                 | R   |                          |    |                          |
|                                                                          |     |                          |    |                          |
| Is any income derived from it?                                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please indicate the total amount                                 | R   |                          |    |                          |
| Do you manage your own financial affairs?                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If no, please explain                                                    |     |                          |    |                          |
|                                                                          |     |                          |    |                          |
| Please provide any other comments or information that would be relevant: |     |                          |    |                          |
|                                                                          |     |                          |    |                          |
|                                                                          |     |                          |    |                          |

## SECTION E: Documents required in respect of the dependent/nominee

|                                                                                   | Attached                 |                          |
|-----------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                   | Yes                      | No                       |
| 1. Original certified copy of your Identity document.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Copy of Bank statement for the last three months.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If a student, proof of registration and progress.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Proof of financial dependency.                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any other available supporting documentation as proof of financial dependency. | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION F: Declarations

I, the undersigned, hereby declare that the information provided above is true and correct. I understand and agree that the fund will incorporate my desensitised information in the schedule of potential dependants and nominees and will circulate it to all potential dependants identified.

|            |  |                   |  |
|------------|--|-------------------|--|
| First name |  |                   |  |
| Surname    |  |                   |  |
| Place      |  | Date (dd/mm/yyyy) |  |
| Signature  |  |                   |  |