

1. IMPORTANT INFORMATION

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- This form should be completed by any family member or the Executor of the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member').
- Please complete all relevant sections of this application form.
- By submitting this death claim application, you apply to be considered for payment of the proceeds of the investment/s listed below, and confirm that the payment by the Administrator of any proceeds or investment/s listed below will be the full and final discharge of the Administrator's liability under the investment/s.
- The Administrator may request further information or documentation if required.

2. EXISTING INVESTMENT DETAILS

Investment number	<input style="width: 95%;" type="text"/>
Surname of Member	<input style="width: 95%;" type="text"/>
First names of Member	<input style="width: 95%;" type="text"/>
Identity number of Member	<input style="width: 95%;" type="text"/>

Additional requirements:

- Please provide a copy of the Member's death certificate.
- Please provide a copy of the identity document of the Member.
- Please provide a copy of the notice of death and police report if death is not due to natural causes.

3. EXECUTOR DETAILS

Surname	<input style="width: 95%;" type="text"/>		
First names	<input style="width: 95%;" type="text"/>		
Identity number	<input style="width: 95%;" type="text"/>		
Physical address	<input style="width: 50%; height: 30px;" type="text"/>	Postal code	<input style="width: 20%; height: 20px;" type="text"/>
Home phone	<input style="width: 30%; height: 20px;" type="text"/>	Work phone	<input style="width: 50%; height: 20px;" type="text"/>
Cellphone	<input style="width: 30%; height: 20px;" type="text"/>	Fax	<input style="width: 50%; height: 20px;" type="text"/>
Email address	<input style="width: 95%; height: 20px;" type="text"/>		

Additional requirements:

- Please provide a copy of the letter of executorship.
- Please provide a copy of the Last Will and Testament of the Member.
- Please sign Section 11 of this form.

4. DETAILS OF ANY OTHER INVESTMENTS

Please provide us with the details of any other investments which will become payable or have already been paid due to the Member's death. If payment in respect of any of these investments has already been made, please provide detail below of who the funds were paid to, as well as the value of the payments.

Investment company	Investment number	Beneficiaries	Value	Recipient of funds	Value received

5. DETAILS OF SPOUSE / LIFE PARTNER

Title	<input style="width: 20%; height: 20px;" type="text"/>	Initials	<input style="width: 20%; height: 20px;" type="text"/>	Surname	<input style="width: 30%; height: 20px;" type="text"/>
First names	<input style="width: 95%;" type="text"/>				
Identity number	<input style="width: 95%;" type="text"/>				
Physical address	<input style="width: 50%; height: 30px;" type="text"/>	Postal code	<input style="width: 20%; height: 20px;" type="text"/>		
Relationship to Member	<input style="width: 95%;" type="text"/>				
Home phone	<input style="width: 30%; height: 20px;" type="text"/>	Cellphone	<input style="width: 50%; height: 20px;" type="text"/>		

Email address

Portion of benefit allocated to be transferred (Indicate the rand amount to be transferred to an approved fund – please include the completed application form)

Portion of benefit allocated to be paid in cash (Indicate the percentage to be paid in cash into the account of the dependant/beneficiary as listed on 'Annexure A')

Additional requirements:

- Please provide a copy of your marriage certificate, proof of customary union, cohabitation or life partnership agreement ('live-in arrangement') or affidavits and supporting documents confirming the details of your partnership with the Member.
- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

6. DETAILS OF MAJOR AND MINOR CHILDREN

Details of child 1

Title Initials Surname

First names

Identity number

Physical address Postal code

Relationship to Member

Home phone Cellphone

Email address

Portion of benefit allocated to be transferred (Indicate the rand amount to be transferred to an approved fund – please include the completed application form)

Portion of benefit allocated to be paid in cash (Indicate the percentage to be paid in cash into the account of the dependant/beneficiary as listed on 'Annexure A')

Additional requirements:

- Please provide a copy of the child's unabridged birth certificate.
- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

Details of child 2

Title Initials Surname

First names

Identity number

Physical address Postal code

Relationship to Member

Home phone Cellphone

Email address

Portion of benefit allocated to be transferred (Indicate the rand amount to be transferred to an approved fund – please include the completed application form)

Portion of benefit allocated to be paid in cash (Indicate the percentage to be paid in cash into the account of the dependant/beneficiary as listed on 'Annexure A')

Additional requirements:

- Please provide a copy of the child's unabridged birth certificate.
- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

Details of child 3

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First names	<input type="text"/>					
Identity number	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Relationship to Member	<input type="text"/>					
Home phone	<input type="text"/>	Cellphone	<input type="text"/>			
Email address	<input type="text"/>					
Portion of benefit allocated to be transferred	<input type="text"/>	(Indicate the rand amount to be transferred to an approved fund – please include the completed application form)				
Portion of benefit allocated to be paid in cash	<input type="text"/>	(Indicate the percentage to be paid in cash into the account of the dependant/beneficiary as listed on 'Annexure A')				

Additional requirements:

- Please provide a copy of the child's unabridged birth certificate.
- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

7. DETAILS OF THE PARENTS OF THE MEMBER
Details of mother

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First names	<input type="text"/>					
Identity number	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Home phone	<input type="text"/>	Cellphone	<input type="text"/>			
Email address	<input type="text"/>					

Additional requirements:

- Please provide a copy of the death certificate of the Member's mother (if applicable).
- Please complete either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

Details of father

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First names	<input type="text"/>					
Identity number	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Home phone	<input type="text"/>	Cellphone	<input type="text"/>			
Email address	<input type="text"/>					

Additional requirements:

- Please provide a copy of the death certificate of the Member's father (if applicable).
- Please complete either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

8. DETAILS OF PREVIOUS SPOUSE (DIVORCED)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input style="width: 100%;" type="text"/>		
First names	<input style="width: 100%;" type="text"/>						
Identity number	<input style="width: 100%;" type="text"/>						
Physical address	<input style="width: 100%;" type="text"/>					Postal code	<input style="width: 100%;" type="text"/>
Home phone	<input style="width: 100%;" type="text"/>		Cellphone	<input style="width: 100%;" type="text"/>			
Email address	<input style="width: 100%;" type="text"/>						

Additional requirements:

- Please provide a copy of the divorce decree stamped by the Master of the High Court.
- Please complete and return either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

9. DETAILS OF NOMINEES

Details of nominee 1

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input style="width: 100%;" type="text"/>		
First names	<input style="width: 100%;" type="text"/>						
Identity number	<input style="width: 100%;" type="text"/>						
Physical address	<input style="width: 100%;" type="text"/>					Postal code	<input style="width: 100%;" type="text"/>
Home phone	<input style="width: 100%;" type="text"/>		Cellphone	<input style="width: 100%;" type="text"/>			
Email address	<input style="width: 100%;" type="text"/>						

Additional requirements:

- Please complete and return either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

Details of nominee 2

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input style="width: 100%;" type="text"/>		
First names	<input style="width: 100%;" type="text"/>						
Identity number	<input style="width: 100%;" type="text"/>						
Physical address	<input style="width: 100%;" type="text"/>					Postal code	<input style="width: 100%;" type="text"/>
Home phone	<input style="width: 100%;" type="text"/>		Cellphone	<input style="width: 100%;" type="text"/>			
Email address	<input style="width: 100%;" type="text"/>						

Additional requirements:

- Please complete either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

10. DETAILS OF ANY OTHER PERSONS WHO WERE FINANCIALLY SUPPORTED BY THE MEMBER OR WOULD HAVE BECOME LEGALLY DEPENDENT ON THE MEMBER HAD HE/SHE LIVED (E.G. PARENTS HEADING TOWARDS A SITUATION WHERE THEY COULDN'T SUPPORT THEMSELVES; FIANCEE; POSTHUMOUS CHILD ETC.)
Details of other financially dependant party 1

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First names	<input type="text"/>					
Identity number	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Home phone	<input type="text"/>	Cellphone	<input type="text"/>			
Email address	<input type="text"/>					

Additional requirements:

- Please complete and return either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

Details of other financially dependant party 2

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First names	<input type="text"/>					
Identity number	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Home phone	<input type="text"/>	Cellphone	<input type="text"/>			
Email address	<input type="text"/>					

Additional requirements:

- Please complete and return either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

Details of other financially dependant party 3

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First names	<input type="text"/>					
Identity number	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Home phone	<input type="text"/>	Cellphone	<input type="text"/>			
Email address	<input type="text"/>					

Additional requirements:

- Please complete and return either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 11 of this form.

11. DECLARATION AND AUTHORISATION

Please read through the following terms, conditions and declarations and assure compliance where applicable:

- This form may only be signed by a family member or the executor acting on behalf of the deceased Member. The signatory warrants that he/she has the necessary authority to sign this document, confirms that the information contained in this document is correct and true, and he/she indemnifies the Administrator against all damages or losses that may arise as a result of his/her signature to this document.
- The Administrator reserves the right to withhold the processing of any request if the information in its opinion is ambiguous, unclear or incomplete. The Administrator also reserves the right to request additional information or verification documentation from the Investor if so required. The Administrator will not be obliged to process this form until such documentation has been received.
- A faxed or emailed instruction will only be processed if the nominated beneficiary or executor has authorised the Administrator to accept instructions via these mediums on the original 'Beneficiary Nomination Form'. Where no authorisation has been given, a faxed or emailed instruction will be rejected by the Administrator. The nominated beneficiary or executor is reminded that the responsibility to assure receipt of any instruction by the Administrator via fax or email remains the responsibility of the nominated beneficiary or executor. A faxed transmission confirmation or emailed delivery advice in the hands of the sender will not suffice as proof that the Administrator has received the instruction. The Administrator cannot be held responsible for any damages or losses arising out of the election of the nominated beneficiary or executor to instruct the Administrator via fax or email of a scanned document.
- The Administrator will not be liable for any damages or losses, resulting from unprocessed instructions due to circumstances beyond its control.
- Balances that remain in a fund following a 100% switch out/rebalance out/withdrawal from this fund will not automatically follow the original transaction to the required destination fund or bank account. Such residual balances may be caused by reinvested distributions or the release of units that were reserved for another transaction at time of instruction. You/your financial adviser may send a written request to the administrator to reprocess this instruction in order for future residual balances to be cleared.

I/We, the undersigned hereby confirm, by accepting these terms and conditions and disclaimer, that I/we understand the nature, effect or any provisions of the disclaimer.

I/We, the undersigned, do hereby declare that I/we have read and understood the standard terms and conditions contained in the original investment document and any endorsements thereto, and agree to be bound to these terms and conditions. The Investor understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 (FAIS), his Financial Adviser must be mandated by a licensed Financial Services Provider (FSP) as a representative with the necessary FAIS sub-categories to act on the Investor's behalf and that it is also the Investor's responsibility to determine whether his Financial Adviser has the necessary authorisation. (FSCA toll free number: 0800 110443). The Investor understands and confirms that the Administrator is entitled to act on his Financial Adviser's instructions, whether in written or electronic format, as if they were the Investor's own instructions. The Investor hereby indemnifies the Underwriter and/or Administrator against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the Investor to the Financial Adviser. If a Financial Adviser is not mandated as required by the Financial Sector Conduct Authority, the Administrator is obliged by law to decline any instructions from such Financial Adviser. The Administrator may and will accept instructions on the strength of the Investor's signature. The Investor hereby authorises the Administrator to obtain information from the appointed FSP, Financial Adviser or administrative assistant where the Investor has failed to include such information in the application or transaction form. This authorisation is subject to the Administrator obtaining documentary proof where necessary.

Signed at (place) this day of 20

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Signature of Executor

Signature of spouse/life partner

Signature of child 1

Signature of child 2

Signature of child 3

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Signature of mother

Signature of father

Signature of previous spouse

Signature of nominee 1

Signature of nominee 2

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Signature of other financially dependant party 1

Signature of other financially dependant party 2

Signature of other financially dependant party 3

12. CONTACT DETAILS

Building 1, The Ingress, Corner of Magwa and Lone Creek Crescents, Waterfall City, Waterfall, 2090, Gauteng, South Africa

PO Box 61295, Marshalltown, 2107, South Africa

Sharecall: 0860 774 774

Fax: +27 (11) 996 5499

Email: clientservice@psg.co.za

Website: www.psg.co.za

1. IMPORTANT INFORMATION

- 1.1. This form must be completed by each person who was financially dependent on the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member'), including:
- any major dependants
 - spouses
 - permanent life partners
 - legal guardians/caregivers completing form/s on behalf of a minor/s who was/were financially dependent on the Member.
- 1.2. Please return the completed form/s to your financial adviser. If you do not have a financial adviser, please email the form/s to clientservice@psg.co.za.
- 1.3. Any person who completes this annexure is not required to complete 'Annexure B - Waiver - Giving up right to claim'.

2. MEMBER DETAILS

2.1. Investment account number

2.2. Full names and surname of Member

3. DETAILS OF DEPENDANT

3.1. Full names and surname

3.2. Identification type South African identity document Passport

3.3. Identification number

3.4. If you selected 'Passport' above, please provide the following details:

Country of issue	<input style="width: 200%;" type="text"/>	Expiry date	<input style="width: 200%;" type="text"/>
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3.5. Contact number/s

Home phone	<input style="width: 200%;" type="text"/>	Work phone	<input style="width: 200%;" type="text"/>
Cellphone	<input style="width: 200%;" type="text"/>	Fax	<input style="width: 200%;" type="text"/>

3.6. Email address

4. BANK DETAILS FOR PAYMENT

Please note that the destination for the payment is subject to the discretion of the Trustees. Payment into the account detailed below is therefore not guaranteed.

Account holder name	<input style="width: 200%;" type="text"/>	Account type	<input style="width: 200%;" type="text"/>
Bank name	<input style="width: 200%;" type="text"/>	Branch name	<input style="width: 200%;" type="text"/>
Account number	<input style="width: 200%;" type="text"/>	Branch code	<input style="width: 200%;" type="text"/>

Please provide a recent copy of a bank statement for this account (not older than three months).

5. DETAILS OF FINANCIAL DEPENDANCY

5.1. Relationship to Member

Biological/adopted child (please complete Sections 8, 9 and 10)

Stepchild (please complete Sections 8, 9 and 10)

Foster child (please complete Sections 8, 9 and 10)

Spouse/permanent life partner/ex-spouse (please complete Sections 6, 8, 9 and 10)

Legal guardian/caregiver completing form on behalf of a minor who was financially dependent on the Member (please complete Sections 7, 8, 9 and 10)

Other (please specify)

5.2. Did the Member provide you with financial support on a regular basis?

Yes No

5.3. Please state below the reason that you were financially dependent on the Member

5.4. Do you have any children? No Yes
 If 'Yes', please indicate number of children

5.5. Do you receive financial support from any person other than Member?
 Yes No
 If 'Yes', please provide details (i.e. relationship to person, reason for support and frequency of payments)

5.6. Employment status Employed Unemployed
 If unemployed, please specify duration of unemployment

5.7. Occupation:

5.8. Level of education:

5.9. If you are a scholar/student, please indicate:
 Grade/level at tertiary institution
 If attending a tertiary institution, please indicate
 Name of course
 Student number
 Expected date of completion of studies

6. SPOUSE/PERMANENT LIFE PARTNER

6.1. Marital status:
 Civil spouse Customary spouse
 Permanent life partner (at date of death) Ex-spouse (divorced)

6.2. Date of marriage and date of divorce (if applicable)

6.3. Did you share a place of residence with the Member? Yes No

6.4. If 'Yes', please indicate below the period you shared a place of residence.
 From (date) to (date)

6.5. Who owns the property where you and the Member lived together?

7. LEGAL GUARDIAN/CAREGIVER OF MINOR WHO WAS FINANCIALLY DEPENDANT ON MEMBER

7.1. Full names and surname of caregiver/guardian

7.2. Identification type South African identity document Passport

7.3. Identification number

7.4. If you selected 'Passport' above, please provide the following details:
 Country of issue Expiry date

7.5. Contact number/s
 Home phone Work phone
 Cellphone Fax

7.6. Email address

7.7. Full names and surname of minor

7.8. Identification type: Birth certificate South African identity document Passport

7.9. Identification number

7.10. If you selected 'Passport' above, please provide the following details:

Country of issue Expiry date

7.11. Relationship of minor to Member

Biological/adopted child

Stepchild

Foster child

Other (please specify):

7.12. Did the Member provide the minor with financial support on a regular basis?

Yes No

7.13. State the reason that the minor was financially dependent on the Member:

7.14. If you are the child's caregiver, please provide the reason that the child is in your care and not in the care of his/her legal guardian:

7.15. Does the minor receive financial support from any person other than the Member?

Yes No

If 'Yes', please provide details (i.e. relationship to person, reason for support and frequency of payments)

7.16. If minor is a scholar/student, please indicate:

Grade/level at tertiary institution

If attending a tertiary institution, please indicate:

Name of course

Student number

Expected date of completion of studies

8. DEPENDANT STATEMENT OF MONTHLY INCOME AND EXPENSES

- If completing on behalf of a minor as his/her guardian/caregiver, please provide the information of the minor.
- Please provide supporting documentation for the information provided below, for example payslips and rental agreements.

8.1. Current Income (please indicate amounts in rand)	Your information	Spouse or partner's information
Salary and wages	<input type="text"/>	<input type="text"/>
Commission	<input type="text"/>	<input type="text"/>
Maintenance (court ordered or voluntary)	<input type="text"/>	<input type="text"/>
Investment income	<input type="text"/>	<input type="text"/>
Rental income	<input type="text"/>	<input type="text"/>
Other (please specify):	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Total gross monthly income	<input type="text"/>	<input type="text"/>

8.2. Deductions (please indicate amounts in rand)	Your information	Spouse or partner's information
Income tax		
Medical aid premium		
Policy premium		
UIF		
Skills development levy		
Other (please specify):		
Total net monthly income		

8.3. Expenses (please indicate amounts in rand)	Your information	Spouse or partner's information
8.3.1. Basic necessities		
<ul style="list-style-type: none"> Accommodation (including student accommodation, rental, water, electricity, etc.) 		
<ul style="list-style-type: none"> Food and clothing (including school uniform) 		
<ul style="list-style-type: none"> Transport (including petrol, car instalments etc.) 		
8.3.2. Education		
<ul style="list-style-type: none"> Tuition/fees 		
<ul style="list-style-type: none"> Stationery, books etc. 		
8.3.3. Other expenses		
<ul style="list-style-type: none"> Maintenance responsibilities (household or court ordered) 		
<ul style="list-style-type: none"> Loan instalments 		
<ul style="list-style-type: none"> Credit card payments 		
<ul style="list-style-type: none"> Telephone, cellphone and internet 		
<ul style="list-style-type: none"> Other (please specify): 		
Total Monthly Expenses		

8.4. Please indicate support received from Member in relation to the above list of income and expenses (for example paid-for accommodation, maintenance, tuition etc.):

9. DEPENDANT STATEMENT OF ASSETS AND LIABILITIES

9.1. List of assets (please indicate amounts in rand)		Market value
Property		
Policies (e.g. long-term insurance)		
Investments		
Other (please specify):		
9.2. List of liabilities (please indicate amounts in rand)		Amount still owing
Bond		
Loans		
Credit cards		
Other (please specify):		

9.3. Please provide any additional information below that may assist the Trustees with the fair allocation of the death benefits.

10. DECLARATION

This declaration must be signed in the presence of a Commissioner of Oaths.

Declaration by authorised person:

I, the undersigned, declare under oath that the information provided in this form is, to the best of my knowledge, both true and correct.

Signed at (place) this day of 20

Signature of duly authorised person

Full names and surname

Capacity in which person signs* (if applicable)

* If signing under a power of attorney, please provide a certified copy of the power of attorney.

Declaration by Commissioner of Oaths:

I declare that this document was signed in my presence after the deponent declared that she/he is familiar with the contents of the statement made above, and that he/she regards it as binding on his/her conscience. The deponent has no objection to taking the prescribed oath. I have complied with the requirements of the law governing the administering of an oath or affirmation.

Signed at (place) this day of 20

Signature of Commissioner of Oaths

Full name and surname of Commissioner of Oaths

Official Stamp

1. IMPORTANT INFORMATION

- 1.1. This form must be completed by each person who was not financially dependent on the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member'), including:
- biological children
 - adopted children
 - stepchildren
 - spouses
 - permanent life partners
- 1.2. Please return the completed form/s to your financial adviser. If you do not have a financial adviser, please email the form/s to clientservice@psg.co.za.
- 1.3. Any person who completes this annexure is not required to complete '[Annexure A – Statement of Financial Position](#)'.

2. MEMBER DETAILS

2.1. Investment account number

2.2. Full names and surname of Member

3. DETAILS OF INDIVIDUAL COMPLETING THIS FORM

3.1. Full names and surname

3.2. Identification type South African identity document Passport

3.3. Identification number

3.4. If you selected 'Passport' above, please provide the following details:

Country of issue	<input style="width: 150px; height: 20px;" type="text"/>	Expiry date	<input style="width: 150px; height: 20px;" type="text"/>
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3.5. Contact number/s

Home phone	<input style="width: 150px; height: 20px;" type="text"/>	Work phone	<input style="width: 150px; height: 20px;" type="text"/>
Cellphone	<input style="width: 150px; height: 20px;" type="text"/>	Fax	<input style="width: 150px; height: 20px;" type="text"/>

3.6. Email address

4. RELATIONSHIP TO MEMBER

4.1. Please specify your relationship to the Member

Biological/adopted child

Stepchild

Foster child

Spouse/permanent life partner/ex-spouse

Other (please specify)

4.2. Please provide any additional information below that may assist the Trustees with the fair allocation of the death benefits

5. DECLARATION

This declaration must be signed in the presence of a Commissioner of Oaths.

Declaration by authorised person:

I, the undersigned, understand and declare under oath that:

- I give up my right to claim any death benefits from the fund.
- The information provided in this form is, to the best of my knowledge, both true and correct.

Signed at (place) this day of 20

Signature of duly authorised person

Full name(s) and surname

Capacity in which person signs* (if applicable)

Declaration by Commissioner of Oaths:

I declare that this document was signed in my presence after the deponent declared that she/he is familiar with the contents of the statement made above, and that he/she regards it as binding on his/her conscience. The deponent has no objection to taking the prescribed oath. I have complied with the requirements of the law governing the administering of an oath or affirmation.

Signed at (place) this day of 20

Signature of Commissioner of Oaths

Full name and surname of Commissioner of Oaths

Official Stamp