



insurance and risk services  
 employee benefits  
 wealth management  
 health

po box 449  
 cape town  
 8000  
 tel: 0860 00 44 00  
 fax: 0860 00 44 03  
 www.rbs.co.za

## DEATH NOTIFICATION & INVESTIGATION FORM

### 1. DEATH PARTICULARS

*Please note, fields marked with an asterisk (\*) are compulsory and claims cannot be processed without this information.*

Employer name <span style="float: right;">*</span>	Employee/Payroll ref no
Member's ID no	Membership no
Member's full name (as per ID document)	Surname <span style="float: right;">*</span>
	Forenames <span style="float: right;">*</span>
Date of death	Month of last contribution

### 2. LOAN DETAILS

Where the scheme has concluded a formal home loan agreement with a lending institution, does the member have any outstanding home loans in terms of that agreement?  YES  NO

If yes, please provide details

### 3. TAX PARTICULARS

#### Member details

3.1 Tax number	*
3.2 If member is not registered for income tax, tick applicable block	<input type="checkbox"/> Site <input type="checkbox"/> Other
3.3 If "Other", provide details	_____
3.4 Residential address	* _____ Code
3.5 Postal address	* _____ Code
3.6 Please provide the member's annual taxable income for the last five tax years	Tax year ended _____ *R
	Tax year ended _____ *R
	Tax year ended _____ *R
	Tax year ended _____ *R
	Tax year ended _____ *R

#### Employer details

3.7 Employer's PAYE reference number	*
3.8 Employer's PAYE contact person:	*
	a) Name _____
b) Telephone number	* _____
3.9 Employer's postal address	* _____ Code
3.10 Employer's physical address	* _____ Code

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**4. COMPLETE IF DECEASED WAS MARRIED**

Number of spouses: \_\_\_\_\_

**Please complete the section(s) below as is applicable:**

**Spouse 1**

Name: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 Type of Marriage:     Legal                       Customary  
 Contact Tel No: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Spouse 2**

Name: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 Type of Marriage:     Legal                       Customary  
 Contact Tel No: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Spouse 3**

Name: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 Type of Marriage:     Legal                       Customary  
 Contact Tel No: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Spouse 4**

Name: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 Type of Marriage:     Legal                       Customary  
 Contact Tel No: \_\_\_\_\_  
 Address: \_\_\_\_\_

A) Were the deceased and the spouse(s) living together at the date of death?

Spouse 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B) If no, to what extent was the deceased supporting the spouse(s)?

Spouse 1: \_\_\_\_\_  
 Spouse 2: \_\_\_\_\_  
 Spouse 3: \_\_\_\_\_  
 Spouse 4: \_\_\_\_\_

C) Does the spouse stay with his/her parents?

Spouse 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D) If living on his/her own, is the accommodation owned or rented?

Spouse 1	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Spouse 2	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Spouse 3	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Spouse 4	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented

E) Is the spouse employed? If so, what is his/her monthly income?

Spouse 1: \_\_\_\_\_  
 Spouse 2: \_\_\_\_\_  
 Spouse 3: \_\_\_\_\_  
 Spouse 4: \_\_\_\_\_

F) Is the spouse able to manage financial affairs?

Spouse 1: \_\_\_\_\_

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Spouse 2: \_\_\_\_\_

Spouse 3: \_\_\_\_\_

Spouse 4: \_\_\_\_\_

G) If not, why?

Spouse 1: \_\_\_\_\_

Spouse 2: \_\_\_\_\_

Spouse 3: \_\_\_\_\_

Spouse 4: \_\_\_\_\_

**5. COMPLETE IF DECEASED WAS DIVORCED OR SEPARATED**

A) Was the deceased supporting an ex-spouse, either voluntarily or in terms of a maintenance order or agreement? (Check against full order of Divorce and agreement if applicable)  Yes  No

B) If yes, give the following details of the ex-spouse:

Full Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Monthly Maintenance Payment: R \_\_\_\_\_

C) Is the ex-spouse still alive?  Yes  No

D) If yes, has the ex-spouse remarried?  Yes  No

E) If the ex-spouse has not remarried, give details of his/her monthly income:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. COMPLETE IF DECEASED HAD A COMMON LAW SPOUSE**

A) Was the deceased living with anyone as a husband or wife?  Yes  No

B) If yes, give the following details of the partner:

Full Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

C) Did the deceased support this person financially?  Yes  No

If yes, to what extent?

\_\_\_\_\_

D) Does he/she have a regular job?  Yes  No

If yes, what is his/her monthly income? R \_\_\_\_\_

**7. DEPENDANTS**

To qualify as a "legal" dependant, the following three requirements must be satisfied:

1. The person claiming support must be unable to support him/herself financially;
2. The person supporting the dependant must be financially able to support that dependant;

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3. The relationship between the dependant and the supporter must create a legal duty of support and this includes the following relationships:

- i) Husband and Wife
- ii) Parent and Child
- iii) Grandchild and Grandparent
- iv) Brothers and Sisters
- v) Half Brothers and Sisters
- vi) Children of a Guardian
- vii) Children of Common Law Relationship

**Potential dependants will be required to prove their dependency**

A) Details of dependant children, both minor and major

Name	Age	ID Number	Name of Mother	School/University Currently Attending	Extent of Dependency on the Deceased

B) Are the children in the custody of a spouse or common law partner? (If so please indicate whether with spouse or common law partner)

Spouse 1     Yes     No    Spouse 2     Yes     No    Common Law Partner     Yes     No  
 Spouse 3     Yes     No    Spouse 4     Yes     No    Other     Yes     No

C) If the above answer is "other", please provide more details concerning this caregiver (**A report from a social worker from the Department of Social Development Office confirming custodianship/guardianship is required**).

D) Does the spouse/guardian/common law partner or caregiver require income to care for the child/ren?     Yes     No

E) If yes, how much per month?    R \_\_\_\_\_

F) Other financial dependants: (Parents, Brothers, Sisters...)

Name	ID Number	Relationship to the Deceased	Percentage Stipulated

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G) Documentation required by dependants to provide proof of dependency

1. Marriage Certificate
2. ID documents (ie Book of Life, Birth Certificate, Passport)
3. Affidavits or Court Orders

**Note:**  
**These documents must be certified copies and must be attached to this form.**

**8. NOMINATIONS (AS PER DECEASED'S BENEFICIARY NOMINATION FORM ON RECORD)**

A) Nominees are all non-dependant beneficiaries nominated by the deceased member.

Name	ID Number	Relationship to the Deceased	Percentage Stipulated

B) Does the beneficiary nomination form conflict in any way with the information obtained in the investigation (eg. Certain dependants are not on the form or there has been a change in marital status...)?  Yes  No

C) If yes please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. EMPLOYER'S RECOMMENDATION\***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned authorised signatory, confirm that a full investigation has been carried out to determine the member's dependants. The information contained herein (and in the attached documents where necessary) is to the best of my knowledge correct and I am not aware of any other dependants.

\* \_\_\_\_\_ \*

\_\_\_\_\_  
**AUTHORISED SIGNATORY (PRINT NAME & SIGN)**

\_\_\_\_\_  
**DATE**

**OFFICIAL  
 EMPLOYER  
 STAMP**