Please complete accurately, using CAPITAL/BLOCK LETTER.
Return the completed form to RFS Administrators (Pty) Ltd by email to info@rfsolutions.co.za

PARTICULARS OF EMPLOYEE

Participating employer

Member Name

ID number

Member No

Date of death D D M M Y Y Y Y

Member Age

Cause of death

Member designation

Member salary

Death cover

Amount of death claim		
	x annual salary	R
	+ fund credit	+ R
	= Total	=

Subsidies on members salary (housing /car / travel allowance)	

Name of spouse / acknowledged life partner:

Spouse ID

Spouse salary

Spouse age

If there is more than one spouse, please attach the relevant information to this form.

Children in the household			
Name	**ID Number**	**Age**	**Gender**

When will children leave the household (estimate)?

Is there a previous spouse (Name)?

If yes, is maintenance payable - amount per month?

If there is more than one previous spouse, please attach the relevant information to this form.

Are there children from a previous marriage / relationship? If yes, is maintenance payable – amount per month?

Name	ID Number	Age	Maintenance per month

Is there a valid nomination form?

If yes, is there any nominees other than spouses / children?

Name	ID Number	Age	Relationship to deceased

Is there anyone else who was financially dependent on the deceased?

Name	ID Number	Age	Maintenance per month

Will trusts have to be created?

Will amounts be paid into beneficiaries /guardian's bank accounts?

Please provide contact details of all dependants and nominees that have been mentioned in this document.

MANAGEMENT COMMITTEE

Recommendation by the Management Committee for the disposal of death benefits:

Name	Relationship to deceased	Share of benefit	Amount	Trust / bank payment

Reasons for recommendation by Management Committee:

Declaration by the Management Committee:

Following thorough investigation and after careful consideration of all the parties concerned, the recommendation is submitted and agreed by the following people:

Chairperson Signature

Official stamp

Name

Date D D M M Y Y Y Y

Banking details of beneficiaries and /or guardian of minor beneficiaries

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Bank name	
Account holder	
Branch	
Account number	
Type of account	

Personal particulars of beneficiaries / nominees

Name	
Telephone no	
Cellphone no	
Email address	
Postal address	
Residential address	

Name	
Telephone no	
Cellphone no	
Email address	
Postal address	
Residential address	

Name	
Telephone no	
Cellphone no	
Email address	
Postal address	
Residential address	

Name	
Telephone no	
Cellphone no	
Email address	
Postal address	
Residential address	

Information required by SARS

- **Last address of deceased.**
- **Master's office to which the estate was reported.**
- **Master's estate number.**
- **Name and address of executor**

Please email completed forms to: RFS Administrators (Pty) Ltd to info@rfsolutions.co.za.

For office use only

Other information that the Board of Trustees should be aware of?

	Document	Number
1	ID – Deceased	
2	Death certificate	
3	Marriage certificate	
4	ID – Current spouse	
5	Payslip – spouse	
6	Birth certificate / ID – Children in household	
7	ID – previous spouse	
8	Divorce order	
9	Birth certificate / ID – Children from previous marriage / relationship	
10	Nomination form	
11	Birth certificate / ID – other nominees	
12	Birth certificate / ID – other dependants	
13	Trust form	
14	Bank details	
15	Contact details	
16	Declaration regarding death	

Date claim was received:

D	D	M	M	Y	Y	Y	Y

Date approved

D	D	M	M	Y	Y	Y	Y

Chairperson Signature

Administrator Signature

Annexure A: Financial Analysis of Dependent

Dependent: Income and expenditure that the Board of Trustees should be aware of.
Please attached the the last 2 months bank statements as proof.

Dependent: Information			
Dependent Name and Surname			
ID Number		Telephone Number	
Relationship to Deceased		Email Address	

Dependent: Income and Expenditure			
Monthly Expenditure		**Monthly Income**	
Car Finances and Leases	R	Basic Salary	R
Cellular Expenses	R	Housing Allowance	R
Clothing / Retail Account	R	Rental Income	R
Credit Card	R	Other Income	R
Furniture Account	R		
Housing Rental / Existing Bond	R	**Total Income**	**R**
Personal Loans	R		
School / University Fees	R	**Income and Expenditure Totals**	
Transport Cost	R	Total Monthly Income	R
Water & Electricity + Rates	R	Total Monthly Expenditure	R
Living Expenses	R		
		Disposable Income	R
Total Expenses	R		