Absa Investment Management Services

Death Claim Request

Confidential

Absa Investment Management Services (Pty) Ltd ("**AIMS**") is an authorised Financial Services Provider ("**FSP**"), authorised in terms of the Financial Advisory and Intermediary Services ("**FAIS**") Act and is further authorised as an administrative FSP. All these details are available on the Financial Sector Conduct Authority ("**FSCA**") website if required. All relevant sections must be completed in full. Please indicate all options selected by means of a tick (✓). The investor must initial next to any amendments made on the form. Please send fully completed instruction to aimscc@absa.co.za

Please indicate with a tick (✓) if this death claim instruction is applicable to one or all portfolios.

Investment number		Investment product	
Portfolio number		or All portfolios	☐

Instructions

Please confirm with a tick (✓) that the relevant sections have been completed as per below instructions.

☐	Section A	Details of Deceased Member/Investor (must be completed).
☐	Section B	Details of Person Completing this Form (must be completed). Executor or Appointed Person Details (must be completed).
☐	Section C	Death Details for Contractual and Endowment Products (only applicable to Pension/Provident Preservation Fund, Retirement Annuity Living Annuity, Life Series and Guaranteed Series).
☐	Section D	Death Details for Discretionary Products (only applicable to Investment Account, Savings Investment Account, Dividend Income Account and Offshore Products).
☐	Section E	Death Due to Unnatural Causes (only applicable to Pension and Provident Preservation Fund and Retirement Annuity Fund).
☐	Section F	Signature of Authorised Signatory (must be completed).

Documentation checklist

The following documentation must accompany this application:

- ☐ Certified copy of death certificate.
- ☐ Certified copy of identity document or passport of deceased.
- ☐ Certified letter of Executorship/letter of Authority and certified copy of identity document or passport.
- ☐ Certified copy of proof of address.
- ☐ Copy of product application form beneficiary is transferring to, with all the required documentation (if applicable).
- ☐ Proof of banking details for the Estate Late/Appointed Person.

Additional requirements for contractual products (Retirement Annuity and Pension/Provident Preservation Fund):

- ☐ Certified copy of marriage certificate or affidavit from a third party confirming the customary union marriage.
- ☐ Proof of banking details of beneficiaries.
- ☐ Certified copy of identity document or passport of beneficiaries.
- ☐ Certified copy of proof of address.
- ☐ Post Mortem or police report, if client died due to unnatural causes.
- ☐ Certified copy of divorce certificate (if applicable).
- ☐ Certified copy of Last Will and Testament.
- ☐ Letter of guardianship (if applicable).
- ☐ Proof of maintenance claim (if applicable).

Additional requirements for the Living Annuity, Life Series and Guaranteed Series:

- ☐ Certified copy of identity document or passport of beneficiaries.
- ☐ Certified copy of proof of address.
- ☐ Post Mortem or police report, if client died due to unnatural causes.
- ☐ Letter of guardianship (if applicable).

Absa Investment Management Services (Pty) Ltd Reg No 1980/002425/07 an Authorised FSP – FSP No 524
PO Box 974, Johannesburg, 2000
Website: absainvestments.co.za

Absa 5153 EX (CPA) (15/09/2021)

Additional requirements for all other discretionary products:

- [ ] Original Tranche certificate (if applicable).
- [ ] Power of Attorney and certified copy of identity document or passport (if applicable).
- [ ] Certified copy of proof of address.

Please note

1 No payments will be made to third parties, excluding approved Retirement Funds.

2 Payments will be delayed if this request is not fully completed.

3 Please provide proof of bank details where required. There may be a delay in payment if such proof is not provided.

4 No other bank account types are permitted except for current, savings and transmission accounts.

5 Should the beneficiary select to transfer the investment, a fully completed product application form for the fund the beneficiary is transferring to must be submitted to AIMS.

6 Where applicable, should an IT88 be received from the Receiver of Revenue on application of the tax directive, AIMS is obligated to pay the outstanding amount.

7 If the total Estate is under R250 000 AIMS may pay the Estate or Appointed Person. Should the total Estate exceed R250 000 then the benefit must be paid to the Estate account only.

8 Upon receiving a document AIMS has 2 (two) business days to review and to action or advise of outstanding requirements. Note that AIMS is depending on 3rd parties during this process which will determine the turnaround time on every case.

Section A – Details of deceased member/investor

Title ______ Surname ______

First name(s) ______ Initials ______

Residential/Registered address ______ Postal address ______

Town/City ______ Postal code ______ Town/City ______ Postal code ______

Country ______ Country ______

Identity/Passport No ______ If passport, state reason: [ ] Lost [ ] Stolen

Income Tax number ______ Date of death (dd/mm/ccyy) ______

Reason for not providing tax number [please tick (✓) the applicable box]:

- [ ] Minor
- [ ] Earnings below taxable threshold

Section B – Details of executor or appointed person completing this form

This section must be completed by one of the following persons:

- [ ] Surviving spouse
- [ ] Family member of deceased
- [ ] Other responsible person having knowledge of the deceased's family situation (e.g. employer, minister of religion, attorney, accountant, executor etc.)

Title ______ Surname ______

First name(s) ______ Initials ______

[ ] Executor [ ] Appointed Person

Residential/Postal address ______

Town/City ______ Postal code ______ Country ______

Telephone (W) ______ Fax ______

Cellphone ______ Email ______

Section C – Death details for contractual and endowment products

Only applicable to Pension/Provident Preservation Funds, Retirement Annuity Fund, Life Series, Living Annuity and Guaranteed Series.

Date on which membership of the Fund commenced (dd/mm/ccyy) ______

*Pensionable service from date ______ (dd/mm/ccyy) *Pensional service to date ______ (dd/mm/ccyy)

Current annual pensionable salary ______ *Tax free portion ______

Please note:

*Only applicable to Pension and Provident Preservation Fund.

Benefit distribution

Beneficiary A

First name and surname

Identity/Passport No | If passport, state reason: ☐ Lost ☐ Stolen

Relationship | % Share

Indicate benefit portion to be commuted as a cash lump sum **R** | or % Share

Commuted portion to be paid into the following bank account:

Surname of accountholder | Initials

Name of bank

Account number | Branch code

Account type: ☐ Current ☐ Savings ☐ Transmission

Please attach proof of bank details (e.g. copy of bank statement or cancelled cheque)

Indicate benefit portion to be transferred to a compulsory annuity **R** | or % Share

Name of Company Transferring to

Surname of accountholder | Initials

Name of bank

Account number | Branch code

Account type: ☐ Current ☐ Savings ☐ Transmission

Please attach proof of bank details (e.g. copy of bank statement or cancelled cheque)

Date (dd/mm/ccyy)

Signature of beneficiary

Beneficiary B

First name and surname

Identity/Passport No | If passport, state reason: ☐ Lost ☐ Stolen

Relationship | % Share

Indicate benefit portion to be commuted as a cash lumpsum **R** | or % Share

Commuted portion to be paid into the following bank account:

Surname of accountholder | Initials

Name of bank

Account number | Branch code

Account type: ☐ Current ☐ Savings ☐ Transmission

Please attach proof of bank details (e.g. copy of bank statement or cancelled cheque)

Indicate benefit portion to be transferred to a compulsory annuity **R** | or % Share

Name of Company Transferring to

Surname of accountholder | Initials

Name of bank

Account number | Branch code

Account type: ☐ Current ☐ Savings ☐ Transmission

Please attach proof of bank details (e.g. copy of bank statement or cancelled cheque)

Date (dd/mm/ccyy)

Signature of beneficiary

Beneficiary C

First name and surname

Identity/Passport No | If passport, state reason: ☐ Lost ☐ Stolen

Relationship | % Share

Indicate benefit portion to be commuted as a cash lumpsum **R** | or % Share

Commuted portion to be paid into the following bank account:

Surname of accountholder | Initials

Name of bank

Account number | Branch code

Account type: ☐ Current ☐ Savings ☐ Transmission

Please attach proof of bank details (e.g. copy of bank statement or cancelled cheque)

Indicate benefit portion to be transferred to a compulsory annuity **R** | or % Share

Name of Company Transferring to

Surname of accountholder | Initials

Name of bank

Account number | Branch code

Account type: ☐ Current ☐ Savings ☐ Transmission

Please attach proof of bank details (e.g. copy of bank statement or cancelled cheque)

Date (dd/mm/ccyy)

Signature of beneficiary

Marital status of deceased (only applicable to Pension and Provident Preservation and Retirement Annuity Fund)

Marital Status of Deceased at date of death

☐ Married (this includes customary marriages) ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

If Deceased was married, complete the following:

Full name of spouse

Date of birth (dd/mm/ccyy)

Type of marriage contract: ☐ In community of property ☐ Antenuptial contract (with accrual) ☐ Antenuptial contract (without accrual)

Were the Deceased and spouse living together at date of death? Yes No

If "**No**", was Deceased supporting the spouse? Yes No

If "**Yes**", monthly rand value of such support and provide proof **R**

Indicate partner's employment status: ☐ Employed ☐ Self-employed ☐ Unemployed

If employed/self-employed, state average monthly income **R**

If Deceased was divorced, complete the following:

Was the deceased, at the time of death, living with another person in a permanent relationship? Yes No

If "**Yes**", please state:

Full name of partner

Date of birth of partner (dd/mm/ccyy)

Did the deceased financially support his/her partner? Yes No

If "**Yes**", in what way and provide proof

Indicate partner's employment status: ☐ Employed ☐ Self-employed ☐ Unemployed

If employed/self-employed, state average monthly income **R**

If Deceased was divorced, complete the following:

Was the deceased paying, or obliged to pay, maintenance to an ex-spouse, either voluntarily or by court order? Yes No

If "**Yes**", please state:

Full name of ex-spouse

Date of birth of partner (dd/mm/ccyy)

Amount of monthly maintenance payment. Provide proof of claim and copy of divorce order. **R**

Dependant details (only applicable to Pension and Provident Preservation and Retirement Annuity Fund)

Complete details of all minor and major children of the Deceased, whether legitimate, illegitimate or adopted:

First name and surname	ID number	School, College, University being attended (if applicable)	Employed or unemployed	Monthly income (if applicable)	Is child dependent on the deceased? Yes/No	Contact details

Details of all other persons, e.g. (siblings and/or parents)

- Financially dependent on the deceased at date of death (e.g. parents, siblings etc.).
- To whom the deceased owed a legal obligation of maintenance.
- In respect of who the deceased would have become legally liable for maintenance had he/she lived (e.g. fiancé).

First name and surname	ID number	Relationship to the deceased	Nature of dependence or maintenance (Proof to be supplied)	Monthly value of support/maintenance	Is child dependent on the deceased? Yes/No	Contact details

Additional information

Any other comments that may be relevant in assisting the Trustees of the Fund in determining an equitable division of the Fund benefits.

Financial Details

Details of the deceased's employer.

Name of employer

Deceased's employee title

Contact person at work

Name and surname

Contact number (W) (H) Email

If self-employed provide details

Details of other benefits that have/will become payable due to the death of the investor.
List all retirement funds (e.g. retirement annuity, pension and provident funds).

Fund name	Account number	Number of beneficiaries	Estimated value	Date paid/to be paid out (dd/mm/ccyy)

List all policies (e.g. life, endowment and living annuity).

Fund name	Policy number	Number of beneficiaries	Estimated value	Date paid/to be paid out (dd/mm/ccyy)

List all employer group life benefits

Insurer	Policy number	Beneficiaries	Estimated value	Date paid/to be paid out (dd/mm/ccyy)

Details of trusts

Did the deceased member establish a trust for the benefit of his/her dependants? Yes No

If "**Yes**", was it established in terms of his/her Will, or Yes No

During his/her lifetime? Yes No

This section is to be completed by the executor.

Is the estate currently solvent? Yes No

List assets in the estate and who are the beneficiaries (liability).

Assets	Values	Beneficiaries
	R	
	R	
	R	
	R	
	R	
	R	
	R	

Are there any outstanding debts that need to be settled by the estate?

Creditors	Values
	R
	R
	R
	R
	R
	R
	R

____

Signature of Executor or Appointed Person

Section D – Death details for all other discretionary products

Please indicate with a tick (✓) the relevant option and ensure to complete the relevant section.

- [ ] *100% Benefit to be paid to the Executor/Appointed Person.
- [ ] Benefit portion to be transferred to beneficiary as stipulated below.
- [ ] Estate late banking details.

Beneficiary A

First name and surname

Identity/Passport No | | | | | | | | | | | | | | If passport, state reason: Lost Stolen

Relationship % Share

**Name of the AIMS Product to which the benefit portion must be transferred to:

Date (dd/mm/ccyy)

Signature of Executor/Appointed Person

Beneficiary B

First name and surname

Identity/Passport No

If passport, state reason: Lost Stolen

Relationship

% Share

**Name of the AIMS Product to which the benefit portion must be transferred to:

Date (dd/mm/ccyy)

Signature of Executor/Appointed Person

Beneficiary C

First name and surname

Identity/Passport No

If passport, state reason: Lost Stolen

Relationship

% Share

**Name of the AIMS Product to which the benefit portion must be transferred to

Date (dd/mm/ccyy)

Signature of Executor/Appointed Person

Please note

*Section B must be completed.

**The applicable AIMS product application form for the beneficiary, together with all required documentation, must accompany this death claim request form.

Estate late banking details

Surname of accountholder

Initials

Name of bank

Account number

Branch code

Account type: Transmission Current Savings

Section E – Death due to unnatural causes

Only applicable to Pension and Provident Preservation and Retirement Annuity Fund:
This form is to be completed by the investigating officer at the police station where the death of the member was reported.

Surname of deceased

Full name(s)

Alias (also known as)

Date of birth (dd/mm/ccyy)

Identity/Passport No

If passport, state reason: Lost Stolen

Relationship

% Share

Date of death (dd/mm/ccyy)

Time of death : am/pm

Place of death

Magisterial district

Details of person who identified the deceased

Surname

Full name(s)

Contact details

Date identified (dd/mm/ccyy)

Name of Police Station where death was reported

Case number

Investigating Officer

Vehicle accident section (please complete if death by motor vehicle accident)

Please furnish a full copy of the road traffic accident report.

Was the deceased involved in a motor vehicle accident? Yes No

Are the circumstances of death unusual or under suspicion? Yes No

If "**Yes**", why?

Was a post-mortem carried out? If "**Yes"**, please attach a copy of the post-mortem. Yes No

Body number

Suicide section (please complete if death by suicide)

Is suicide suspected? Yes No

Has an inquest been held? Yes No

Date of inquest (dd/mm/ccyy)

Name of court

Inquest number and reference

Was a post-mortem carried out? If "**Yes**", please attach a copy of the post-mortem. Yes No

Body number

Provide full names and contact details of person(s) charged:

If not yet held, are inquest proceedings still to be instituted? Yes No

Please provide a short description of the circumstances of death:

Other (please complete if death by other/murder)

Is murder suspected? Yes No

If "**Yes**", please provide description of method used:

Has an inquest been held? Yes No

Date of inquest (dd/mm/ccyy)

Name of court

Inquest number and reference

What sentence, if any, has been passed?

Date of trial (dd/mm/ccyy)

Reference number

Was a post-mortem carried out? If "**Yes**", please attach a copy of the post-mortem. Yes No

Body number

Provide full names and contact details of person(s) charged:

If not yet held, are inquest proceedings still to be instituted? Yes No

Please provide a short description of the circumstances of death:

Section F – Signature of authorisation signatory

Important Note

Should any person ("**sender**") choose to submit an instruction to Absa Investment Management Services (Pty) Ltd ("**AIMS**") via fax, email, post or hand delivery, then it is done so at the sender's own risk. A positive fax transmission report or email delivery acceptance message received by the sender will not be proof of the actual receipt of the instruction by AIMS. AIMS automatically sends an sms/email to the Financial Services Provider recorded against the investment and on receipt of this message it will be deemed that the instruction has been received by AIMS. Should this not be received, the sender may wish to confirm the receipt of the instruction by AIMS by contacting AIMS Client Services. AIMS will not in any circumstances be liable for any losses and damages incurred by the investor as a result of executing and instruction that was not telephonically confirmed in instances where the Financial Services Provider did not receive the confirmatory sms/email from AIMS. The sender hereby confirms that the above has been read and understands and accepts the terms and conditions thereof.

Authority or duly authorised person's declaration

I confirm that this form has been signed by me personally, including instances where I have used an electronic signature. By signing this form you hereby indemnify AIMS against any loss, damage or cost that may arise as a result of your failure to have signed this form on your own.

I, the undersigned, in my capacity as

declare that:

- the deceased was known personally to me and/or that
- I have interviewed the deceased's relatives to establish the above information; and that
- the information concerning his/her family situation as set out above, is to the best of my knowledge true and correct.

I hereby confirm that the above details are true and correct.

Signed at ____

Date (dd/mm/ccyy)

Signature of authorised person
[or duly authorised person(s) where applicable]

Financial Services Provider's declaration

I warrant that any electronic signature provided by the investor complies with the FSCA Communication 12 of 2021 on the Use of Electronic Signatures and Pre-populated Documents, as well as the Electronic Communications and Transactions Act, 2002.

Signed at ____

Date (dd/mm/ccyy)

Signature of Financial Services Provider