



LIBERTY

Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06
An Authorised Financial Services Provider (Licence No. 2409)
Libridge Building, 25 Ameshoff Street, Braamfontein, 2001 P O Box 2094, Johannesburg 2000
t. +27 (0)11 558-2999 f. +27 (0)11 408-2158
for claim forms : e lcb.customerservices@liberty.co.za
for queries: e lc.contact@liberty.co.za

DEATH OF AN EMPLOYEE CLAIM FORM

The purpose of this form

The Board of Trustees of the Fund ("the Trustees") use this form as a guide, to ensure the death benefit is distributed correctly. Please complete **all the blocks** in this form. If it does not apply to you, please insert N/A (Not Applicable), as all of the information is needed for the payment of the claim. **Failure to submit a fully completed form will result in a delay in making the payment.**

Benefits paid from the Fund are in Rands only and it is up to each beneficiary to arrange to transfer the funds outside South Africa.

Approved death benefits are distributed in terms of Section 37C of the Pension Funds Act, No. 24 of 1956 ("the Pension Funds Act"). Please note that any beneficiary/ies nominated in writing by the deceased member do/does not have an automatic or sole right to receive the approved death benefits, only by virtue of the nomination. The main objective of Section 37C is to ensure that those people who were or would have been financially dependent on the deceased member had he/she not died, are not left destitute after the member's death.

In exercising its discretion, the Trustees will consider a range of factors as revealed from the investigation. These factors include, but are not limited to the:

- The extent of dependency of each dependant on the deceased member and the financial affairs of the dependants;
- Future earning potential and prospects of the dependants;
- The age of each dependant;
- The relationship of each dependant with the deceased member;
- The amount of the benefit available for distribution;
- The wishes of the deceased member as may be expressed in a valid Nomination of Beneficiary Form;
- Payments received by dependants from other sources (for instance policies / inheritance).

Unapproved death benefits are paid according to the Nomination of Beneficiary Form completed and signed by the deceased member and that is on record with the employer. If a completed and signed Nomination of Beneficiary Form is not on record, unapproved benefits are payable to the estate of the deceased member as per the policy.

Sections

Section A	Information about the deceased employee's employment details
Section B	List all beneficiaries and dependants of the deceased – this section is for completion by the employer
Section C	Information about the employee's spouse
Section D	Estate and additional policy details
Section E	Minor children's details (under the age of 18 years)
Section F	Major children's details (over the age of 18 years)
Section G	Parents of the Deceased
Section H	Other financial dependents
Annexure 1	Monthly household income and expenditure. (compulsory requirement for all claimants)
Annexure 2	Monthly household income and expenditure (To be completed for by the spouse/life partner where expenses were shared with the deceased)
Annexure 3	To be completed by dependents/beneficiaries that do not wish to claim from this benefit

Who must complete and sign the form

Section A	Employer/Authorised employer representative
Section B	Employer/Authorised employer representative
Section C	Spouse
Section D	Spouse/Family representative/Executor
Section E	Guardian/Caregiver/Family representative
Section F	Adult child/Guardian/Caregiver
Section G	Dependant/Beneficiary

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

Requirements

The main requirements are listed below. It is important to remember that the benefit will be dealt with in terms of the applicable legal requirements. An approved death benefit is defined in the registered rules of the Fund and is payable from the Fund in terms of Section 37C of the Pension Funds Act. There are additional requirements as listed below. An unapproved death benefit is provided in terms of an insurance policy which is linked to the employer and not to the Fund. This benefit is not payable from the Fund and Section 37C of the Pension Funds Act does not apply to it. Please refer to the Liberty Corporate website, Our Forms, Death Benefit forms for a copy of the [Comprehensive guide to the process and requirements for family benefit \(funeral\) and death claims](#), should you require any additional clarification.

Requirements for the deceased member			
<ul style="list-style-type: none"> • A certified copy of the deceased member's ID document, or front <u>and</u> back of an ID smart card, or Passport 			<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of the death certificate 			<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of the marriage certificate (if applicable) 			<input type="checkbox"/>
<ul style="list-style-type: none"> • A copy of the deceased member's payslip of last full month in service 			<input type="checkbox"/>
<ul style="list-style-type: none"> • A copy of the latest Nomination of Beneficiary Form completed and signed by the deceased member 			<input type="checkbox"/>
<ul style="list-style-type: none"> • Membership certificate from medical aid confirming dependants that were covered(if applicable) 			<input type="checkbox"/>
<ul style="list-style-type: none"> • A copy of the deceased member's Will (if one is available) 			<input type="checkbox"/>
<ul style="list-style-type: none"> • If the cause of death was unnatural (accident, suicide, murder) the Trustees require a police report (Lcb100 standard form). 			<input type="checkbox"/>
<ul style="list-style-type: none"> • Please ensure that the name and number on the ID document are the same as the Fund's records 			<input type="checkbox"/>
<ul style="list-style-type: none"> • Where applicable, please provide the details of the home loan, copies of the divorce decree and the settlement agreement and any maintenance orders against the deceased member. 			<input type="checkbox"/>
Requirements per dependant / beneficiary			
If there is a spouse/partner (including same gender or co-habitation)	Approved benefit	Unapproved benefit	Copy provided
<ul style="list-style-type: none"> • A certified copy of the marriage certificate (civil or customary) or a witnessed lobola letter 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of the ID document or copy of the front <u>and</u> back of the ID smart card of the spouse, or a Passport 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • Confirmation of the income and expenses for each spouse or partner 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • Confirmation that the deceased member and spouse/partner were living together at the date of death - if not, please confirm as to why? Note: This is required to determine shared living expenses 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • If married by customary union or if the spouse is regarded as a 'common law partner', the Trustees require an affidavit from an independent blood relative confirming they lived as husband and wife and the number of years they lived together. 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • If a permanent life partner - please provide an affidavit to substantiate that there was a common household, the duration, plus proof of dependency, e.g., joint ownership of the house, etc. 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • Annexure 2 (monthly household income and expenditure) to be completed. 		x	<input type="checkbox"/>
If there is an ex-spouse/ex-partner	Approved benefit	Unapproved benefit	Copy provided
<ul style="list-style-type: none"> • A copy of any maintenance order and/or divorce decree and settlement agreement (if applicable) 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • Proof of bank details of the ex-spouse/partner, e.g., bank statements (not older than 3 months), a bank account confirmation letter or a cancelled cheque 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of the ID document or copy of back <u>and</u> front of the ID smart card, or a Passport 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • Confirmation of the income of the ex-spouse's/ex-partner 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • Confirmation whether the ex-spouse/ex-partner have been remarried e.g. marriage certificate 		x	<input type="checkbox"/>
<ul style="list-style-type: none"> • If a customary union, provide confirmation if dissolved or separated 		x	<input type="checkbox"/>
If spouse/partner is deceased	Approved benefit	Unapproved benefit	Copy provided
<ul style="list-style-type: none"> • Copy of the spouse/partner's death certificate (where applicable) 		x	<input type="checkbox"/>

Children (minor and major)	Approved benefit	Unapproved benefit	Copy provided
• Certified copies of the birth certificates and/or ID documents	x		<input type="checkbox"/>
• For dependants who attend school: confirmation of the fees payable and the grade they are currently in	x		<input type="checkbox"/>
• For dependants studying at tertiary institutions, we require confirmation of the course, course duration, the fees payable and who pays the fees (bursary / loan etc.)	x		<input type="checkbox"/>
• The address where the children are residing	x		<input type="checkbox"/>
• Confirmation of who is supporting and looking after the children	x		<input type="checkbox"/>
• Whether the children lived with the deceased member	x		<input type="checkbox"/>
• For major children who are not studying, confirmation of the income and expenses of	x		<input type="checkbox"/>
• The full extent (Rand amount) of the monthly monetary support provided by the deceased member per child, and the regularity of the monetary support	x		<input type="checkbox"/>
• Proof and full details of the disability, if applicable. Confirmation if the child is scholar/employable and if he/she can manage their own finances	x		<input type="checkbox"/>
• Details of the guardians, parent/caregiver of the minor children. We also require a guardianship or caregiver affidavit, certified copy of the ID, address and bank details	x		<input type="checkbox"/>
• Confirmation of income of the persons or guardians/caregivers looking after the children	x		<input type="checkbox"/>
Other financial dependants			
• The relationship of each dependant to the deceased member	x		<input type="checkbox"/>
• The nature of their dependency on the deceased member prior to death	x		<input type="checkbox"/>
• The details of their monthly income and expenses	x		<input type="checkbox"/>
• Certified copies of the ID document or a copy of the back <u>and</u> front of the ID smart card documents or birth certificates or Passports	x	x	<input type="checkbox"/>
• Bank details (e.g., copy of bank statement (not older than 3 months) or bank account confirmation letter or cancelled cheque)	x	x	<input type="checkbox"/>
• Proof of financial support provided by the deceased member (affidavit or maintenance order) and the regularity of such support	x		<input type="checkbox"/>
• Source of any other income	x		<input type="checkbox"/>
Deceased member's nominated beneficiaries			
• Copy of the Beneficiary Nomination form	x	x	<input type="checkbox"/>
• The names of nominees	x	x	<input type="checkbox"/>
• The relationship to the deceased member	x		<input type="checkbox"/>
• Certified copies of the ID documents or a copy of the back <u>and</u> front of the ID smart card or Passports	x	x	<input type="checkbox"/>
• The details or relationship of the person verifying information of nominees	x		<input type="checkbox"/>
If no Beneficiary Nomination Form was completed by the deceased member and there are no legal or factual dependants (persons who were financially supported by the deceased member).			
• A copy of the Letter of Authority if the benefit is below R250 000.00. A copy of the Letter of Executorship if the benefit is above R250 000.00	x	x	<input type="checkbox"/>
• The estate late bank details (bank statement)	x	x	<input type="checkbox"/>
If there are no legal or factual dependants but there are nominated beneficiaries who were not financially supported by the deceased member.			
• Confirmation that the estate is solvent (when applicable)	x		<input type="checkbox"/>

Please note that in addition to the above and as part of the investigation process, the Trustees may request additional documentation/information to assist them in their decision to distribute the death benefit payable in terms of Section 37C of the Pension Funds Act.

Section A – Information about the deceased employee's employment details

This section must be completed by the employer/authorised employer representative. Please remember to provide all the relevant requirements as specified on page 1 and 2 of this form.

Fund name

Fund number

Employee's fund member number

Full name of deceased employee

Date of birth

Date of death

ID/passport number

Cause of death (where natural/unnatural state exact cause i.e. stroke, heart attack, etc.)

Date joined company

Date fund commenced

Date joined fund

Employee tax details

Income tax number

Deceased employee's annual income

R

(12 months preceding death)

Member's residential (home) address

Postal code

Member's postal address

Postal code

Employer's details

PAYE reference number

PAYE contact person

Contact number

Postal address

Postal code

Physical address

Postal code

Section B – List of all the beneficiaries and dependants of the deceased employee

This section must be completed by the employer/authorised employer representative.

Legal dependants

A person who is legally entitled to be maintained by the deceased member due to their relationship e.g. spouse or biological child.

Surname	Full names	ID/Passport number/date of birth	Relationship (e.g. spouse, partner, daughter)

Factual dependants

Any other person living with the deceased member or who was financially dependent on him/her e.g. mother, father, ex-spouse where he/she was paying maintenance or children of which the deceased member was the guardian.

Note: This is required to determine shared living expenses.

Surname	Full names	ID/Passport number/date of birth	Relationship (e.g. spouse, partner, daughter)

Section C – Information about the employee's spouse/life partner

This section must be completed by the spouse.

Please complete this page for each spouse, if the deceased member was married and/or previously married at date of death. Spouse refers to civil law wife, customary wife, marriage of same gender and life time partner.

Full name

ID number

Postal code

Residential address

Type of marriage

Civil wife

Marriage of same gender

Customary union

Lifetime partner

Date of marriage

_____ Date you and the deceased started living together _____

Contact numbers

Cell

Work

Home

Email Address

Banking details

Name of bank

Branch name

Branch code

Account number

Type of account

Cheque

Savings

Transmission

Note: Providing this information does not guarantee that you will receive a portion of the benefit

Are you currently employed? Yes No

Monthly Nett salary

R

If unemployed, were you previously employed and in what capacity?

Yes No

Were you in any way financial dependent on the deceased? If "Yes", please complete annexure 1

Yes No

Did you and the deceased share expenses? If "Yes", please complete annexure 2

Yes No

Were you and the deceased living together on a full time basis at the date of death

Yes No

If "No", please provide details:

Will you receive any money from other policies? Yes No

If "Yes", please provide details and amount

Insurance company's name	Beneficiary (heir)	Policy number	Value to be paid to each person

What type of residence do you live in

House

Townhouse

Flat

Squatter

Plot

Is the property registered in your name?

Yes No

Is the property bonded?

Yes No

If "Yes", provide outstanding bond amount R

Is there insurance in place to settle the bond?

Yes No

What is your highest level of education?

Do you know how to work with money? Yes No

Please advise if you are aware of any other person/s that were financially dependent on the deceased as at date of death. Yes No

If "Yes", please provide the following:

Full names:

Address:

Contact numbers:

I have completed this form and I understand the information on this document, and to the best of my knowledge it is true and correct.

Name of spouse/life partner

Signature of spouse/life partner

Date

Employer's proposed distribution if a valid nomination of beneficiary form is not available

Surname	Full names	ID/Passport number/date of birth	Relationship	Share %
				%
				%
				%
				%
				%

I obtained the necessary consent to share the personal information of the above dependants and beneficiaries.

Name of employer representative (as per
Liberty Corporate records)

Signature of employer representative

Date

How will this child's living conditions change following the death of the employee? (e.g. house to be sold, live with family etc.)

Please confirm effective date of guardianship / when the caregiver started looking after the minor child _____

Is the child at crèche, school, university, etc. Crèche School University/college Other: _____

If so, please confirm which level the child is currently completing _____

Is the guardian in good health and of sober habits? Yes No _____

What is the highest level of the education the guardian has achieved? _____

Do you own any assets i.e. property, investments, endowment or life policies etc.? If "Yes", provide details: Yes No _____

Monthly household expenditure (complete Annexure 1) _____

What are your intentions to safeguard the minor child's benefit? _____

I have completed this form, I understand the information on this document, and to the best of my knowledge it is true and correct. I have obtained the necessary consent from the minor children's competent person* to share this personal information with Liberty and the trustees

Name of guardian/caregiver _____

Signature of guardian/caregiver _____

Date _____

*Competent person means any person who is legally competent to consent to any action or decision being taken in respect of any matter concerning a child.

Section F – Major children's details (over the age of 18 year) – Guardian where applicable

This section must be completion by the guardian, caregiver or adult child.

Child means biological child, posthumous child, legally adopted child, step child - complete this section for each child.

Child number 1 2 3 4 5 6 7 8

Full name _____

Gender _____

Relationship to the deceased

Biological child Adopted child

Step child Posthumous child (born after employee died)

Contact details: Email _____

Cell _____ Home _____ Work _____

Child's banking details:

Bank name _____

Branch name _____ Branch code _____

Account number _____

Type of account: Cheque Savings Transmission

Note: Providing this information does not guarantee that you will receive a portion of the benefit

Were the deceased and child living together at date of death? Yes No

If "No", please provide details: _____

Was the child in any way financially dependent on the deceased? Yes No

If "Yes", state how often and how much support: _____ R _____

Name of university or college, duration and current year (if studying) _____

What is the child's highest level of the education? _____

Cost for education including living expenses, transport, books, etc. (if studying) _____

For disabled children (*special circumstances)

Studies funded by bursary/loan/other, provide details _____

Date of incapacity _____

Employment status Self employed Temporary Permanent Unemployed

If unemployed, was he/she previously employed? Yes No _____

If "Yes", please provide details: _____

Section D – Estate and additional policy details

This section must be completed by the spouse, family representative (if spouse unable to complete) or executor.

Did the deceased have a Will? Yes No If "Yes", please provide a copy.

Executor's name (person chosen in the will to finalise the estate)

Executor's email address

Executor's contact numbers: Cell _____ Work _____

We may require a copy of the liquidation and distribution account even if the preliminary one is available.

Please provide details for other policies:

Insurance company's name	Beneficiary (heir)	Policy number	Value to be paid to each person

I have completed this form and I understand the information on this document, and to the best of my knowledge it is true and correct.

Name of spouse/life partner/family representative/executor

Signature of spouse/life partner/family representative/executor

Date

Section E – Minor children's details (under the age of 18 years)

This section must be completed by the guardian or caregiver. Note: A guardian can be a biological parent or the legally appointed primary caretaker of a child or minor. A guardian does not have to be directly related to the child or adopt him/her, but has to make all legal and pertinent decisions pertaining to a child's education and life.

Please complete this page for each child under the age of 18. Child means a biological child, a child born after the member's death, legally adopted child and/or step child

Child number 1 2 3 4 5 6 7 8

Child's full name

Child's date of birth

Gender

Child's relationship to the deceased Biological child Adopted child
 Step child Posthumous child (born after employee died)

Guardian's/caregiver's of the minor child's name

Guardian's/caregiver's identity number

Guardian's/caregiver's residential address

Postal code

Guardian's/caregiver's contact details: Email

Cell number

Guardian's/caregiver's tax number

Relationship of guardian/caregiver to minor child

Banking details of guardian/caregiver

Name bank

Branch name

Branch code

Account number

Type of account: Cheque Savings Transmission

Note: Providing this information does not guarantee that you will receive a portion of the benefit

Were the deceased and child living together at date of death? Yes No

If "No", please provide details:

Was the child in any way financially dependent on the deceased? Yes No

If "Yes", state how often and how much support.

R

Monthly household expenditure (please complete Annexure 1)

If the child is married, is he/she taken care of financially by his/her spouse and is the spouse employed?

Yes No

Please advise if you are aware of any other person/s that were financially dependent on the deceased as at date of death. Yes No
If "Yes", please provide the following:

Full name

Address

Contact numbers

Name of major/guardian/caregiver

Signature of major/guardian/caregiver

Date

Section G – Parents of the deceased

This section must be completed by the surviving parents of the deceased if they were financially dependents/living with the deceased.

Please note: The Trustees must ensure that all dependants/beneficiaries are treated equitably (fair, not equal) and therefore, completing these details does not mean that a benefit will become due.

Other financial dependants refers to persons who were financially supported by the deceased member while he/she was still alive, e.g. parents, siblings of the deceased member. Complete this section for each person.

Full name

Date of birth

Relationship to the deceased

Residential home address

Postal code

Email address

Contact details

Cell _____ Home _____ Work _____

Banking details

Bank name

Branch name

Branch code

Account number

Type of account

Cheque Savings Transmission

Note: Providing this information does not guarantee that you will receive a portion of the benefit

Were you and the deceased living together on a full time basis at the date of death? Yes No

Were you in any way financially dependent on the deceased? Yes No

If "Yes", state how often and how much support

R

Employment status:

Self-employed Temporary Permanent Unemployed

If unemployed, were you previously employed?

Yes No

If "Yes", please provide details:

Monthly household income and expenditure (complete Annexure 1)

R

If married, are you taken care of financially by your spouse?

Yes No

Please advise if you are aware of any other person/s that were financially dependent on the deceased as at date of death. Yes No

If Yes, please provide the following:

Full name

Address

Contact numbers

Name of claimant

Signature of claimant

Date

Section H – Other financial dependents

This section must be completed by the claimant

Please note: The Trustees must ensure that all dependents/beneficiaries are treated equitably (fair, not equal) and therefore completing these details does not mean that a benefit will become due.

Other financial dependents refers to persons who were financially supported by the deceased member while he/she was still alive, e.g. parents, siblings of the deceased member. Complete this section for each person.

Full name

Date of birth

Relationship to the deceased

Residential home address

Postal code

Email address

Contact details

Cell

Home

Work

Banking Details

Bank name

Branch name

Branch code

Account number

Type of account

Cheque Savings Transmission

Note: Providing this information does not guarantee that you will receive a portion of the benefit

Were you and the deceased living together on a full time basis at the date of death

Yes No

If No, please provide details as to why?

Were you in any way financially dependent on the deceased

Yes No

If yes, state how often and how much support

R

Name of university or college (if studying)

Number of years to complete studies (if studying)

Costs for education including, living expenses, transport, books, etc. (if studying)

R

For Disabled Dependents (*Special circumstances)

Studies funded by bursary/loan/other, provide details

Date of incapacity

What is your highest level of education?

Employment status:

Self-employed Temporary Permanent Unemployed

If unemployed, were you previously employed?

Yes No

If yes, please provide details

Monthly household income and expenditure (complete annexure 1)

R

If married, are taken care of financially by your spouse?

Yes No

I have completed this form, I understand the information in this document, and to the best of my knowledge it is true and correct

Name of claimant

Signature of claimant

Date

Annexure 2 – Monthly Household Income and Expenditure

Note: To be completed for by the spouse/life partner where expenses were shared with the deceased, to make an equitable decision.

	Spouse/life partner	Deceased
Income		
Nett Monthly salary/Wage	R	R
Income from informal trading	R	R
Own business	R	R
Old age pension/disability grant/social grant	R	R
Investments/annuities etc.	R	R
Total monthly income	R	R
Monthly expenditure	Spouse's contribution towards expenses	Deceased's contribution towards expenses
Bond/rent (circle applicable one)	R	R
Electricity and water	R	R
Telephone/ Cell phone	R	R
Groceries	R	R
School/university fees/after care	R	R
Extra-curricular activities	R	R
Vehicle expenses	R	R
Transport	R	R
Medical expenses	R	R
Loan repayments	R	R
Accounts (HP/furniture/clothing etc.)	R	R
Other (specify)	R	R
Total monthly expenditure	R	R

Declaration

I have completed this form, I understand the information on this document and to the best of my best knowledge it is true and correct.

Name of spouse/life partner

Signature of spouse/life partner

Date

Annexure 1 – Monthly Household Income and Expenditure

Note: To be completed for each claimant to determine the circumstances of each household to make an equitable decision.

	Claimant 1	Claimant 2	Claimant 3	Claimant 4
Name of Claimant				
Relationship to the deceased				
Income				
Monthly salary / Wage	R	R	R	R
Income from informal trading	R	R	R	R
Own business	R	R	R	R
Old age pension/disability grant/social grant	R	R	R	R
Investments/annuities etc.	R	R	R	R
Total monthly income	R	R	R	R
Monthly expenditure				
Bond/rent (circle applicable one)	R	R	R	R
Electricity and water	R	R	R	R
Telephone/ Cell phone	R	R	R	R
Groceries	R	R	R	R
School/university fees/after care	R	R	R	R
Extra-curricular activities	R	R	R	R
Vehicle expenses	R	R	R	R
Transport	R	R	R	R
Medical expenses	R	R	R	R
Loan repayments	R	R	R	R
Accounts (HP/furniture/clothing etc.)	R	R	R	R
Other (specify)	R	R	R	R
Other (specify)	R	R	R	R
Other (specify)	R	R	R	R
Other (specify)	R	R	R	R
Total monthly expenditure	R	R	R	R

Declaration

I have completed this form, I understand the information on this document and to the best of my best knowledge it is true and correct.

Name of claimant 1	Signature of claimant 1	Date
Name of claimant 2	Signature of claimant 2	Date
Name of claimant 3	Signature of claimant 3	Date
Name of claimant 4	Signature of claimant 4	Date

Annexure 3 – Dependents who do not wish to claim

This form should be completed by an adult who is a dependent of the Deceased, but who does not wish to claim or receive any benefits from the Fund.

Please note:

The following persons qualify as dependents in terms of the Pension Funds Act:

- A spouse, who concluded a customary marriage, civil marriage, registered civil union or marriage in accordance with a widely recognised religion.
- Children (biological, legally adopted and children born outside of marriage).
- Anyone proven to be factually dependent on the Deceased for maintenance/financial support at date of death.
- Anyone to whom the Deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children).

Please attach a certified copy of your ID document/copy of the back and front of the ID smart card to this form.

Section 1 - Member details

Member's name	Member's Surname
Member's ID number	Membership number

Section 2 - Sworn statement by dependant who do not wish to claim

Dependant's name	Dependant's Surname
Dependant's ID number	Dependant's phone number
Email address	
Address	Postal code

I,

(full names and surname) declare

under oath, in full knowledge of my rights, and having had the opportunity to take advice, that I do not want to claim from or be paid any benefit by the Fund arising from the death of the Deceased and waive any right I might have to such benefit. I confirm that I have been informed that I might qualify to be paid a portion of the death benefit.

Reason why I do not wish to receive any portion of the benefit:

Signature of person waiving their right to claim or be paid any benefit

Date

Section 3 - Statement by a Commissioner of Oaths

Commissioner of Oaths' full name and surname

Telephone

Designation

The person mentioned above has signed this form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Official Stamp

Signature of Commissioner of Oaths

Date

Contact us

Liberty, in agreement with the Trustees, currently processes death claims in line with the following timeframes:

Approved death benefit: **10 working days (Once the 20 day objection period has expired)**
Unapproved death benefit: **5 working days (on receipt of all required documentation)**

Please **ONLY** contact us if you have not received payment within this timeframe.

Note:

Should Liberty be prevented from carrying out any of its obligations in terms of this claim because of factors beyond Liberty's control ("Force Majeure"), Liberty will notify the Employer of the circumstances and nature of the Force Majeure as well as the estimated duration and extent to which Liberty's performance is made impossible.

Under such circumstances, Liberty's obligations under the claim will be suspended until the circumstances causing the Force Majeure ends and Liberty will not be liable to the Beneficiary for any damages whatsoever caused to the Beneficiary due to Liberty's inability to perform its obligations in terms of the claim.

Force Majeure includes, acts of God, acts of the State or Government, total national electricity failure, exceptionally adverse natural disasters, weather conditions, riot, insurrection, sanctions, sabotage, terrorism, political or civil disturbance, war, boycotts, embargo, strikes, lock-out, shortages of labour or materials, material delays in public transport or any similar circumstances beyond the reasonable control of Liberty.

For more information, please contact your accredited Liberty financial adviser, or the Liberty Corporate support centre:

Contact centre

Tel.: +27 (0)11 558 2999

Fax: +27 (0)11 694 5309

Email address: lc.contact@liberty.co.za

Alternatively, you can write to us or visit our walk-in centre in Johannesburg.

Contact centre – Postal address

Liberty Corporate
P O Box 2094
Johannesburg
2000

OR Walk-in centre address

Libridge Building – 9th floor
25 Ameshoff Street
Braamfontein
Johannesburg

Complaints

If your query, or issues that arise from it, are not resolved to your satisfaction by your financial adviser or our servicing staff within a mutually agreed timeframe, you may lodge a complaint with us by accessing our complaints form on <http://www.liberty.co.za/Pages/contact-us.aspx>.

Alternatively, you may submit your complaint, in writing to:

The Complaints Resolution Manager

Liberty Corporate
P O Box 2094, Johannesburg, 2000
Email address: lc.complaints@liberty.co.za
Tel number: +27 (0)11 408 2771
Fax number: +27 (0)11 408 4440

OR The Liberty Internal Adjudicator

Liberty Group
P O Box 10499, Johannesburg, 2000
Email address: internaladjudicator@liberty.co.za
Fax number: +27 (0)11 408 4195

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The fund/participating employer and member numbers relating to the query/complaint
- What you are expecting from us in terms of resolving the issue(s)
- Your contact details so that we can get hold of you
- Any correspondence from Liberty that lead to the query
- The names of the people you have dealt with so far, if applicable
- The dates and times of these contacts
- Any other event that triggered the query, for example, an article in a newspaper

Our complaints handling procedure is available from our website (www.liberty.co.za) or we can send it to you on request. You must refer **complaints resulting from advice provided by an independent broker or another financial services provider** to the broker or financial services provider concerned.

We will endeavour to address and resolve your complaint. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following for assistance.

Fund complaints

The Principal Officer

The Principal Officer is responsible and accountable for the day-to-day affairs of the Fund. If you have any unresolved complaints regarding the Fund, you may contact the Principal Officer of your Fund. Their contact details are available from your Fund Administrator.

The Pension Funds Adjudicator

If you have any unresolved complaints about your **corporate fund** (pension, provident or preservation fund) that are subject to the jurisdiction of the Pension Funds Act 24 of 1956, you may contact the Pension Funds Adjudicator at:

P O Box 580, Menlyn, 0063
Email address enquiries@pfa.co.za

Tel. number +27 (0)12 748 4000
Fax number 086 693 7472

The Ombudsman for Long-term Insurance

If you have any unresolved complaints about a long-term insurance policy (death, disability, dread disease, etc.) that is subject to the jurisdiction of the Long-term Insurance Act 52 of 1998, you may contact the Long-term Insurance Ombudsman at:

Ombudsman for Long-term Insurance:

Email address: info@ombud.co.za
Tel. number: +27 (0)21 657 5000
Sharecall: +27 (0)86 010 3236
Fax: +27 (0)21 674 0951

Complaints against a financial adviser

The FAIS Ombudsman

If you have any unresolved complaints or disputes about advice that was given to you by a financial adviser after 30 September 2004, contact the FAIS Ombudsman at:

PO Box 74571, Lynnwood Ridge, 0010
Email address: info@faisombud.co.za
Tel number: +27 (0)12 470 9080
Fax number: +27 (0)12 348 3447