



Liberty Group Limited – an Authorised Financial Services Provider  
 Liberty Centre, 1 Ameshoff Street, Braamfontein, Johannesburg, 2001  
 PO Box 10499, Johannesburg, 2000  
 Contact Centre number: 0860 456 789 / +27 (0)11 408 4871  
 Email address: [opsclaims@liberty.co.za](mailto:opsclaims@liberty.co.za)  
 Fax no.: (011) 408 2005

## CLAIMANT'S STATEMENT FOR DEATH CLAIM LIFESTYLE RETIREMENT ANNUITY FUND, LIFESTYLE PRESERVER PENSION FUND OR LIFESTYLE PRESERVER PROVIDENT FUND

We are required to share, collect and process your Personal Information (PI) in order to process any claim. Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

Please send the completed form to Liberty by:

- Email: [opsclaims@liberty.co.za](mailto:opsclaims@liberty.co.za)
- Fax: (011) 408 2005
- Post: PO Box 10499, Johannesburg, 2000

**Standard requirements – please attach copies of the following documents**

- Death certificate.
- Beneficiary's/dependant's ID document or copy of the back and front of ID smart card.
- Birth certificate if beneficiary/dependant is a minor or passport if not a S.A. citizen.
- Proof of each beneficiary's/dependant's bank details (original bank statement or cancelled cheque).
- Marriage certificate (if applicable).
- Last will and testament or an affidavit confirming if there is no will.
- Letters of executorship.
- Divorce decree (if applicable).
- Notice of death (BI 1663/DHA 1663) – obtainable from the doctor who certified the death or the undertaker.
- Declaration of Dependency (page 7 of this form). Each major dependant must complete a separate form (note requirements on this form).

**In the event of unnatural death:**

- Police statement completed by investigating officer.

**NOTES:**

- **If the beneficiary lives abroad and is applying for foreign exchange control approval the above requirements must be certified and contain the full name/s, surname, designation and physical address of the Commissioner of Oaths or Notary Public. These must appear on a stamp or be clearly handwritten and recorded that the documents are "certified a true copy of the original".**
- **Foreign exchange control approval takes a minimum of 8 weeks from date of submission of all the documents required by Standard Bank, in order to process this application.**
- **Liberty and the trustees of the Fund reserve the right to call for additional requirements where necessary. FAILURE TO RECEIVE ALL THE REQUIREMENTS WILL DELAY THE CLAIM PROCESS.**

Please complete all questions - do not make reference to other documents (n/a is not an acceptable answer).

**Section 1 – Deceased's details**

Policy number/s																									
Surname																									
First name																Initials									
ID number																									
Date of death																									
Exact cause of death (do not use natural causes, state the actual cause e.g. cancer)																									
Occupation																									
Tax reference number																									
Residential address																									
Postal address																									
Executor's details:																									

1.1 Names of insurer, sum assured and date of issue of all insurance held with other companies:

Insurer	Policy number	Sum assured	Date	Beneficiary

1.2 Has the deceased member ever been insolvent, or are any sequestration proceedings pending or contemplated?  Yes  No

If "Yes", please provide full details: \_\_\_\_\_

1.3 Was the estate of the deceased member insolvent at the time of death? If "Yes", please provide full details.  Yes  No

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.**





### 3.2 Minor children

3.2.1 List all minor children from the present marriage, previous marriages and/or any legally adopted minor children or minor children born out of wedlock.

	Minor child 1	Minor child 2
Full name		
Contact number		
Fax number		
Email address		
Postal address		
	Postal code	Postal code
ID number		
Was the child financially dependent on the deceased member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", to what extent (eg. maintenance, accommodation, school fees, etc.)?		
Guardian's name		
Guardian's contact no.		
Signature of guardian/caregiver		

	Minor child 3	Minor child 4
Full name		
Contact number		
Fax number		
Email address		
Postal address		
	Postal code	Postal code
ID number		
Was the child financially dependent on the deceased member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", to what extent (eg. maintenance, accommodation, school fees, etc.)?		
Guardian's name		
Guardian's contact no.		
Signature of guardian/caregiver		



**3.3 Major children/Member's parents or siblings**

3.3.1 List all major children/member's parents of siblings that might have been financially dependent on the deceased member at the time of death. **Each dependant must please complete a separate "Declaration of Dependency" form (page 7).**

	Major child/member's parent or sibling 1	Major child/member's parent or sibling 2
Full name		
Contact number		
Fax number		
Email address		
Postal address		
	Postal code	Postal code
Occupation		
ID number		
Relationship to deceased member		

	Major child/member's parent or sibling 3	Major child/member's parent or sibling 4
Full name		
Contact number		
Fax number		
Email address		
Postal address		
	Postal code	Postal code
Occupation		
ID number		
Relationship to deceased member		

3.3.2 If any of the dependants are heirs or legatees, please give an estimate of the value of inheritance/legacies.

Surname	First names	Approximate value of inheritance
		R
		R
		R
		R

3.3.3 Did any of the named dependants receive any benefits other than those now becoming due as a result of the death of the member from the Lifestyle Retirement Annuity Fund, Lifestyle Retirement Preserver Pension Fund or Lifestyle Retirement Preserver Provident Fund (i.e. benefits from other Pension/Provident, Retirement Funds, other insurance policies etc.)?

Full name and surname	Type of benefit	Name of insurer/ financial institution	Amount received
			R
			R
			R
			R



**Section 4 – Death claim declaration**

I/We, as the claimant/s, claim the benefits of the policy(ies).

I/We declare that:

- The answers and statements are true to the best of my/our knowledge and belief, and
- that I/we have withheld no material fact.

I/We agree that my/our personal details relating to this claim may be shared by the trustees with other claimants who may have an interest in these benefits. I/We understand that this information is disclosed to such claimants as they may have an interest in how the trustees make their recommendations.

I/We agree that:

- Any written statements, affidavits and supporting documents provided in support of this claim will form part of this claim.
- The supply of this form or of any other forms is not an admission by Liberty that there was any assurance in force on the life of the deceased member or a waiver of any of Liberty's rights or defence in law.
- Any benefits payable in respect of this claim will be forfeited if I/we, or anyone acting on my/our behalf or with my/our knowledge, have withheld any material facts or submitted any false information in respect of the claim.
- Upon payment by Liberty of the benefits claimed by me/us, Liberty will be released from all liability in respect of such benefits.

**Information on unpaid or unclaimed benefits**

It is the responsibility of members to ensure that Liberty always has up to date contact information (including that of any potential beneficiary). Where Liberty becomes aware that benefits are payable, we will seek to communicate at the last address provided to us. If this is unsuccessful, Liberty will take reasonable steps to find those who are entitled to the benefits, which steps may entail the appointment by Liberty of external tracing agents. I/We consent to Liberty appointing an external tracing agent and providing them with the necessary personal information to conduct such tracing. A tracing and management fee as determined at time of tracing may be deducted by Liberty from the benefits payable. **Note that in certain circumstances, an additional amount may be payable by Liberty in relation to any late payment.**

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Signature of witness

**Section 5 – Financial adviser's details**

*(Only to be completed if a financial adviser has assisted with the completion of this form.)*

Commission code \_\_\_\_\_

Contact details: Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_  
Signature of financial adviser





### DECEASED MEMBER INFORMATION FORM (SARS REQUIREMENTS)

**\*The South African Revenue Services (SARS) now requires additional information to be included on the tax certificate. In order to avoid delays in processing the request, or penalties imposed by SARS, please complete the following information in full. Please note all fields required below are mandatory.**

#### Deceased member's details

Policy number/s																					
Surname																					
First name																Initials					
ID/Passport number/ Other identification													Country of issue								
Date of birth	/		/																		
Last residential address																		Postal code			
Income tax number											(compulsory for tax purposes)										

#### Contact details

Telephone numbers:    Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email address


#### Deceased member's last postal address details

Is this the same as the deceased's residential address? If "No", provide last postal address.     Yes  No

Postal address

\_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

#### Deceased member's last business address

Is this the same as the deceased's residential address? If "No", provide last business address.     Yes  No

Business address

\_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

#### Deceased member's bank account details (excluding credit card)

Account holder's name

Bank name

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch name

Branch code

--	--	--	--

Account type:     Cheque     Savings     Transmission

Account holder relationship:     Own     Joint

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature of claimant





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## DECLARATION OF DEPENDENCY MAJOR CHILD/MEMBER'S PARENT OR SIBLING

*We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.*

Section 37C of the Pension Funds Act governs the way in which the Trustees of the Lifestyle Retirement Annuity Fund, the Lifestyle Retirement Preserver Pension Fund and the Lifestyle Retirement Preserver Provident Fund are required to distribute death benefits between dependants and nominees.

To enable the Trustees of the Fund to consider payment to a dependant in fair proportions should the claim be paid, we require the dependant(s) to complete this form.

**Standard requirements – please attach copies of the following documents**

**PLEASE COMPLETE ONE FORM PER MAJOR DEPENDANT.**

**If the major child is a student, please provide:**

- Proof of registration at educational facility.
- A note of the approximate cost of fees and details of the field of study.
- Year of study and expected year of completion.
- Place of residence (i.e. at home and not responsible for living expenses/at home and responsible for living expenses and other residence costs e.g. campus residence, please specify amounts).

**Where the major dependant remains financially dependent but is not a student, please provide proof of the extent of the dependency on the deceased member:**

- Proof of financial dependency - evidence of monies received.
- Proof of major dependants monthly income.
- Proof of major dependants expenditure.

**Section 1 - Deceased member's policy details**

Policy number/s	
Surname	
First name	Initials

**Section 2 - Major dependant's details**

Surname \_\_\_\_\_

First name \_\_\_\_\_ Initials \_\_\_\_\_

ID number

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

**Contact details**

Telephone numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email address

- 2.1 What was your relationship to the deceased? \_\_\_\_\_
- 2.2 What was the nature of your dependency on the deceased? \_\_\_\_\_
- 2.3 List any other person/s that might have been financially dependent on the deceased member at the time of death. Proof of age and proof of extent of dependency is required:

Full name and surname	Date of birth	Relationship to deceased member	Extent of financial dependency
			R
			R
			R
			R
			R

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.**



**Section 3 - Declaration**

I confirm that all the above information provided is to the best of my knowledge true and correct and that no material facts have been intentionally withheld from Liberty.

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature

Name \_\_\_\_\_  
Capacity \_\_\_\_\_

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**Annexure: This page to be kept by claimant**

## **BENEFITS PAYABLE ON THE DEATH OF A MEMBER FROM A LIFESTYLE RETIREMENT ANNUITY FUND, LIFESTYLE PRESERVER PENSION FUND OR LIFESTYLE PRESERVER PROVIDENT FUND**

Each of the above-mentioned funds is a separately registered retirement fund, managed by a board of trustees (“the trustees”). For purposes of the completion of this form, references to the funds are simply “the Fund”.

Allocation and distribution of the benefits payable by the Fund on the death of the member is governed by Section 37C of the Pension Funds Act, 1956 as amended (“the Act”). In terms of this section, benefits are payable to the dependants of the deceased member (including the deceased member’s immediate family and anyone who was actually dependent on the deceased member prior to their death) as well as to beneficiaries nominated in writing by the deceased member prior to his/her death.

### **Wide powers for trustees**

Section 37C of the Act confers wide powers and responsibility upon the trustees to decide who will benefit and the extent of the benefit. In all cases, the trustees are responsible for the distribution and allocation of benefits in the proportions they deem fair and equitable to each dependant or nominated beneficiary and whether the benefit should be paid in the form of a lump sum or a pension.

### **Code of good practice**

The trustees of the Fund will apply the following code of practice when distributing benefits to beneficiaries and/or dependants:

1. The trustees will make every effort to identify both legal and factual dependants of the deceased member. Specifically, the trustees will rely on:
  - Information stated on the Claimant Statement form that is completed by each claimant;
  - Information stated by the deceased member before his/her death on the Identification of Dependants and Nomination of Beneficiary form;
  - Any statements made by the deceased member’s family;
  - Any other information that can be obtained.
2. The trustees will consider any persons nominated in writing by the deceased member before his/her death.
3. Based on the information gathered in terms of items 1 and 2 above, the trustees will determine the distribution of the after-tax approved proceeds in terms of Section 37C of the Act.

### **Persons considered to be dependants**

Dependants fall into several categories:

- Legal dependants such as an ex-spouse with a maintenance order;
- Factual dependants, persons dependent upon the deceased member for financial support, such as a spouse and children.
- Persons who would have become dependants but for the deceased member’s death, such as an unborn child.

In summary, all the deceased member’s dependants, irrespective of whether they were actually nominated by the deceased member, will be considered for inclusion alongside any other persons nominated by the deceased member and irrespective of whether such persons are dependants.

The trustees are empowered to delay payment of any benefits for up to 12 months in order to trace dependants and to be able to make a considered determination.

### **Payments to non-dependent nominees**

In cases where there are only non-dependent persons nominated, the trustees will generally make payment in accordance with the wishes expressed by the deceased member in the beneficiary nomination form. However, the trustees first have to satisfy any possible degree of insolvency in the deceased member’s estate before making any payment to non-dependent nominees.

### **No dependants or nominees**

If there are neither dependants nor nominees then the trustees will make payment to the deceased member’s estate.

### **Bequests in wills and testamentary trusts**

It should be noted that any expression of wish in respect of the benefits payable from the Fund contained in the deceased member’s will have no binding effect on the trustees, although they will have regard to the will in their efforts to establish the deceased member’s dependants. In particular, the trustees will not distribute benefits to any testamentary trust formulated in terms of the deceased member’s will.

