



Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06  
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## DEATH OF AN EMPLOYEE CLAIM FORM

### The purpose of this form

The Trustees use this form 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 us to be able to pay 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 benefit outside South Africa, should he/she subsequently leave the country

**Approved Benefits** are distributed in terms of the regulations of S37C of the Pension Funds Act. There is a **common misconception** that the nominated beneficiary/ies have the sole right to benefits payable by virtue of being nominated by the deceased. **This is not correct.** The main objective of S37C is to ensure that those people who were financially dependent on the deceased are not left destitute after the member passes away.

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

- Extent of dependency on the deceased and the financial affairs of the dependants;
- Future earning potential and prospects of the dependants;
- Age of the dependants;
- Relationship with the deceased;
- Amount available for distribution;
- The wishes of the deceased;
- Payments from other sources (policies / inheritance).

**Unapproved Benefits** are paid according to the signed nomination of beneficiary form that is on record with the employer. If a completed Nomination of Beneficiary form is not on record, unapproved benefits are payable to the Estate of the late member in terms of 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 Other financial dependants
- Annexure 1 Split and payment of death benefit (disposition of benefits on death)
- Annexure 2 Monthly household income and expenditure. (compulsory requirement for claiming spouse)

### 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 benefit is where the death benefit is part of the retirement fund. There are additional requirements as listed below. An unapproved benefit is a death only benefit and as indicated below there are far less requirements. 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			
• A certified copy of the deceased's ID document, or back <u>and</u> front of ID smart card			<input type="checkbox"/>
• A Certified copy of the death certificate			<input type="checkbox"/>
• A certified copy of the marriage certificate (if applicable)			<input type="checkbox"/>
• A copy of the deceased's payslip of last full month in service			<input type="checkbox"/>
• A copy of the latest nomination of beneficiary form completed by the deceased			<input type="checkbox"/>
• A Copy of the Will (if one is available)			<input type="checkbox"/>
• If the cause of death was unnatural (accident, suicide, murder) the Trustees require a police report (Lcb100 standard form). Note that if suicide occurs in the first year of joining the fund the risk benefit will be restricted.			<input type="checkbox"/>
• Please ensure that the name and number on the ID document are the same as our records			<input type="checkbox"/>
• Where applicable, please provide the details of the home loan, copies of the divorce decree and the settlement and please include a copy of any maintenance agreement.			<input type="checkbox"/>
Requirements per beneficiary			
If there is a spouse/partner (same gender or co-habitation)	Approved benefit	Unapproved benefit	Copy provided
• A certified copy of the marriage certificate (civil or customary) or a witnessed lobola letter	x		<input type="checkbox"/>
• A certified copy of the identity document or copy of the back <u>and</u> front of the ID smart card of the spouse	x		<input type="checkbox"/>
• Confirmation of the income and expenses for each spouse or partner	x		<input type="checkbox"/>
• Confirmation that the deceased and spouse/partner were living together at the date of death - if not, please confirm as to why? <b>Note:</b> This is required to determine shared living expenses	x		<input type="checkbox"/>
• 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"/>
• 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"/>
• Annexure 2 (monthly household income and expenditure) to be completed.	x		<input type="checkbox"/>
If there is an ex-spouse/ex-partner			
• A copy of any maintenance order and/or divorce decree and agreement (if applicable)	x		<input type="checkbox"/>
• Proof of bank details of the ex-spouse/partner, e.g., bank statements (not older than 3 months) or a cancelled cheque	x		<input type="checkbox"/>
• A certified copy of the identity document or copy of back <u>and</u> front of the ID smart card	x		<input type="checkbox"/>
• Confirmation of the income of the Ex-spouse's/ex-partner	x		<input type="checkbox"/>
• Confirmation whether the ex-spouse/ex-partner have been remarried e.g. marriage certificate	x		<input type="checkbox"/>
• If a customary union, provide confirmation if dissolved or seperated	x		<input type="checkbox"/>
If spouse/partner is deceased			
• Copy of the spouse/partner's death certificate (where applicable)	x		<input type="checkbox"/>

<b>Children (minor and major)</b>	<b>Approved benefit</b>	<b>Unapproved benefit</b>	<b>Copy provided</b>
• Certified copies of the birth certificates and/or identity 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 those 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	x		<input type="checkbox"/>
• For majors who are not studying, confirmation of the income and expenses of each	x		<input type="checkbox"/>
• The full extent (rand amount) of the monthly monetary support provided by the deceased per child, and the regularity there-of	x		<input type="checkbox"/>
• Proof and full details of the disability, if applicable. Confirmation if the child is employable and if he/she can manage their own finances	x		<input type="checkbox"/>
• Details of the guardians (parent) / caregivers) of the minor children. We also require a guardianship 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"/>
<b>Grandchildren</b>			
• Certified copies of the birth certificates or identity documents (if majors)	x		<input type="checkbox"/>
• Confirmation of who the biological parents are of the grandchildren, are they still alive and caring for their children?	x		<input type="checkbox"/>
• Where do the children reside and who is supporting and looking them (if minor)?	x		<input type="checkbox"/>
• Confirmation whether the grandchild lived with the deceased and was financially supported by the deceased (amount of support required)	x		<input type="checkbox"/>
<b>Other dependants</b>			
• The relationship to the deceased	x		<input type="checkbox"/>
• The nature of their dependency on the member prior to death	x		<input type="checkbox"/>
• The details of their monthly income and expenses	x		<input type="checkbox"/>
• Certified copies of the identity or a copy of the back and front of the ID smart card documents or birth certificates	x	x	<input type="checkbox"/>
• Bank details (e.g., copy of bank statement (no older than 3 months) or cancelled cheque)	x	x	<input type="checkbox"/>
• Proof of financial support provided by the deceased (affidavit or maintenance agreement) and the regularity of such support	x		<input type="checkbox"/>
<b>Nominees</b>			
• The names of nominees	x	x	<input type="checkbox"/>
• The relationship to deceased	x		<input type="checkbox"/>
• Certified copies of the identity documents or a copy of the back and front of the ID smart card	x	x	<input type="checkbox"/>
• The details or relationship of the person verifying information of nominees	x		<input type="checkbox"/>
<b>If no Nomination of Beneficiary form was completed by the deceased and there are no legal or factual dependants (persons who were financially supported by the deceased).</b>			
• The estate late bank details or a letter of authority if the benefit is below R250 000	x		<input type="checkbox"/>
<b>If there are no legal or factual dependants but there are nominated beneficiaries who were not financially supported by the deceased.</b>			
• Confirmation that the estate is solvent	x		<input type="checkbox"/>

Please note that in addition to the above, the Trustees may request additional documentation/information to assist them in their decision to distribute the benefit payable in terms of the Pension Funds Act and prevailing rules and policy of the fund.

## 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 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

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 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 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 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)

**Beneficiaries/Nominees**

Persons nominated by the deceased to share in the death benefits. (As listed in the Nomination of Beneficiary form signed by the member prior to death.)

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.

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

\_\_\_\_\_  
Signature of employer representative

\_\_\_\_\_  
Name of employer representative

**Section C – Information about the employee’s spouse, ex-spouse**

**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 means civil law wife, customary wife, marriage of same gender and life time partner.

Full name \_\_\_\_\_  
ID number \_\_\_\_\_  
Residential address \_\_\_\_\_  
Postal code \_\_\_\_\_

Type of marriage     Civil wife                       Marriage of same gender                       Customary union                       Lifetime partner

Date of marriage \_\_\_\_\_

Contact numbers    Cell \_\_\_\_\_                      Work \_\_\_\_\_                      Home \_\_\_\_\_

**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 salary                      **R** \_\_\_\_\_

If unemployed, were you previously employed and in what capacity?     Yes                       No                      \_\_\_\_\_

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

If ‘Yes’, please provide details \_\_\_\_\_

Will you receive any money from other policies?     Yes                       No

If “Yes”, please provide details and amount \_\_\_\_\_

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

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.

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

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Name of spouse

**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.**

**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.

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

\_\_\_\_\_  
Signature of spouse/family representative/executor

\_\_\_\_\_  
Name of spouse/family representative/executor

**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 is a biological parent and a caregiver is another person (not the biological parent) taking care of the child.**

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/building society \_\_\_\_\_

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

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

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 2) \_\_\_\_\_

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

Do you run your own business?  Yes  No

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

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

\_\_\_\_\_  
Signature of guardian/caregiver

\_\_\_\_\_  
Name of guardian/caregiver

\*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)**

Doctor’s name \* \_\_\_\_\_

Doctor’s contact details: Cell \_\_\_\_\_ Work \_\_\_\_\_

Doctor’s email address \* \_\_\_\_\_

Hospital/ Care home name \* \_\_\_\_\_

Hospital/Care home telephone number \* \_\_\_\_\_

Date of incapacity \_\_\_\_\_

Employment status  Self employed  Temporary  Permanent  Unemployed

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

If “Yes”, please provide details. \_\_\_\_\_

Monthly household expenditure (please complete Annexure 2)

If the child is married, is he/she taken care of financially by his/her spouse and is the spouse employed?  Yes  No

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

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

\_\_\_\_\_  
Signature of child/guardian/caregiver

\_\_\_\_\_  
Name of child/guardian/caregiver

**Section G – Other financial dependants**

**This section must be completed by the dependant or beneficiary.**

**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.

Financial dependants details  1  2  3  4  5  6  7  8

Full name \_\_\_\_\_

Date of birth DD / MM / YYYY \_\_\_\_\_

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 the deceased and the dependant/beneficiary living together at date of death?  Yes  No

If "No", please provide details as to why? \_\_\_\_\_

Was the dependant/beneficiary 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 \_\_\_\_\_

Doctor's name \* \_\_\_\_\_

Doctor's telephone number \* \_\_\_\_\_

Doctor's email address \* \_\_\_\_\_

Hospital/Care home name \* \_\_\_\_\_

Hospital/Care home telephone no \* \_\_\_\_\_

Date of incapacity \_\_\_\_\_

What is your highest level of the 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 2). \_\_\_\_\_

R \_\_\_\_\_

If married, are you 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.

\_\_\_\_\_  
Signature of dependant/beneficiary

\_\_\_\_\_  
Name of dependant/beneficiary

## Annexure 1 – Split and payment of death benefits

### Disposition of Benefits on Death

Every retirement fund has a Board of Trustees who must follow the relevant legal requirements when managing a retirement fund, as set out by the Pension Funds Act. When a member of a retirement fund dies, the Trustees must acquire/find information on the spouse and/or children and/or other dependants of that member. All potential beneficiaries must be identified. This information helps them to make sure the death benefits are given to the correct people and shared in a fair way.

The Trustees have to try to trace the people who the member took care of. They use the information provided on this form, to find out the dependants and beneficiaries' living conditions and finances. The more information they have, the easier it is for them to make an informed and fair decision.

Confirmation of the information given to Liberty is required, in order for the Trustees to do their jobs correctly. This documentation will assist to prove and explain the decision made by the Trustees, should any objections be received. The Trustees have a fiduciary duty to conduct a full and proper investigation to ensure all interests are taken into consideration. This is why the Pensions Funds Act allows a period up to 12 months following the death of a member, to complete such investigation (or even longer should the need arise).

As the duties of the Trustees are so detailed, they have to look at each case on its own, so there may be cases where more information may be needed.

To prevent any delays on the death claim, it is recommended that this form be completed in full.

### Definition of dependant

Section 37C of the Pension Funds Act clearly defines dependants. Dependants include (but are not limited to):

- Those whom the deceased had, or would have had a legal duty to support, namely: spouses, children (including adoptive children, illegitimate children, unborn children), parents, grandparents and grandchildren.
- Major whom the deceased had no legal duty to support.
- Common law spouses and same gender partners.
- Customary law spouses and those married under Islamic, Hindu, Buddhist, Confucian or Taoist rites.
- Factual dependants i.e., other persons who were financially dependent on the deceased.
- Beneficiaries nominated in writing after 30 June 1989.
- A person in respect of whom the deceased would have become legally liable to support had he/she not died (e.g. fiancée).

Liberty and the trustees may be required to share and collect your personal information to assist in the assessment and payment of the claim. We are limited by legislation to only collect and process information that specifically relates to the product and service we offer. We undertake to keep your personal information confidential, secure and only for as long as it is needed.

## Annexure 2 – Monthly Household Income and Expenditure

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

### Income

Monthly salary	R
Income from informal trading	R
Own business	R
Old age pension/disability grant	R
Investments/annuities etc	R
<b>Total monthly income</b>	<b>R</b>

### Monthly expenditure

Bond/rent (circle applicable one)	R
Tax	R
Electricity and water	R
Telephone	R
Food and toiletries	R
School/university fees/ after care	R
Extra curricular activities	R
School clothing	R
Car repayments	R
Petrol	R
Car repairs and maintenance	R
Medical and pharmacy	R
Loan repayments eg, timeshare/short term loans	R
Domestic services	R
Security services	R
DSTV	R
Insurance – short term	R
Accounts (HP/furniture/clothing etc.)	R
Insurance – life policies	R
Entertainment	R
Holiday expenses	R
Clothing	R
School and university sundries	R
Other (specify)	R
<b>Total monthly expenditure</b>	<b>R</b>

### 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.

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

\_\_\_\_\_  
Signature of dependant/beneficiary

\_\_\_\_\_  
Name of dependant/beneficiary

## Contact us

Our service level agreement for the payment of death claims is:

Approved benefit: **10 working days**

Unapproved benefit: **5 working days**

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

## Queries

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

### Contact centre

Tel.: +27 (0)11 408 2999

Fax: +27 (0)11 408 2264

Email address: [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za)

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

### Contact centre – Postal address

OR

### Walk-in centre address

#### Liberty Corporate

P O Box 2094

Johannesburg

2000

#### Libridge Building – 9<sup>th</sup> 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, please lodge a complaint to 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

OR

### The Liberty Internal Adjudicator

P O Box 2094

Johannesburg

2000

Fax +27 (0)11 408 4440

[contactlcb@liberty.co.za](mailto:contactlcb@liberty.co.za)

P O Box 10499

Johannesburg

2000

Fax +27 (0)11 408 4195

Email: [internaladjudicator@liberty.co.za](mailto:internaladjudicator@liberty.co.za)

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](http://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 regulatory bodies 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 running of the fund, you may contact the Principal Officer of your fund. Details are available from your 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.

Address	Telephone	Fax	Email address
The Pension Funds Adjudicator P O Box 580 Menlyn 0063	+27 (0)12 346 1738	+27 (0)86 693 7472	<a href="mailto:enquiries-jhb@pfa.org.za">enquiries-jhb@pfa.org.za</a>

### 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.

Address	Telephone	Fax	Email address
The Honourable Mr Justice RP McLaren Ombudsman for Long- term Insurance Private Bag X45 Claremont 7735	+27 (0)21 657 5000  Share call +27 (0)86 010 3236	+27 (0)21 674 0951	<a href="mailto:info@ombud.co.za">info@ombud.co.za</a>

### 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.

Address	Telephone number	Fax	Email address
Ms Noluntu Bam The FAIS Ombudsman P O Box 74571 Lynnwood Ridge 0040	+27 (0)12 470 9080  Share call +27 (0)86 048 3446	+27 (0)12 348 3447	<a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>