

NOTIFICATION OF MEMBER'S DEATH UNAPPROVED FUND

Fund name _____ Fund number _____

A. Member's details

Employer _____

Surname _____

First names _____

ID number _____ Date of birth DD / MM / YYYY

Payroll number _____

Membership number _____

Was the member at work on the date that he/she became eligible for membership Yes No

If "No," please state reason for absence _____

Please state if actively at work at date of death Yes No

If "No," please state date when last at work and reason for subsequent absence? DD / MM / YYYY

Please provide the Master of the Supreme Court's office to which estate was reported _____

Please provide Master's estate number _____

This information is essential for the department of Inland Revenue

B. Employer's recommendation on the disposal of benefits

1. Lump sum benefits are to be paid to:

Name of beneficiary	Relationship to deceased	% of benefit	address

2. Spouse's children pension payable to:

Name of spouse/child	Address

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.**

C. Payment details

We hereby authorise Capital Alliance Group Risk to pay the benefit into the following account:

- By electronic fund transfer into the beneficiary's banking account details below R _____
- The employer where the deceased/ beneficiary is indebted in respect of (see note below) R _____

Copies of either the written admission of liability by the member or copy of court order is to be provided.

- To a financial institution in respect of a guarantee provided in terms of the contract. R _____

Name of financial institution _____

Guarantee amount R _____

Bond account number _____

- To any other person or body entitle to the benefit in terms of the contract.

Payee _____

Reason _____

Please provide supporting documentation which is satisfactory to Capital Alliance Group Risk.

If applicable, please provide copy of court order.

Name of bank _____

Account holder's name _____

Account number _____

Branch name _____ Branch code _____

Account type Cheque account Savings account Transmission account

Note: We require proof of your banking details (cancelled cheque or bank statement confirming the account holder's full names, account number and branch code).

D. Supporting documents

Please attach the following supporting documents:

- Signed nomination of beneficiary form
- Copy of the death certificate
- Copies of ID's and / copy of the back and front of the ID smart card/ birth certificate
- Copy of trust documents for minor children
- Proof of banking details for the trust
- Supporting documentation required per section C above
- Any other documentation as requested by Capital Alliance Group Risk
- Copy of marriage certificate or proof of marriage

E. Authorisation and discharge

We hereby certify that the above information is true and correct in every detail, and Capital Alliance Group Risk is hereby authorised to make a payment as stated above. We agree payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to Capital Alliance Group Risk of its own Liability in tem of the fund.

Remarks _____

Signed at _____ on _____

Authorised signatory

Employer's stamp