



## APPLICATION FOR DEATH BENEFIT (QUESTIONNAIRE)

### IMPORTANT NOTE

THIS FORM NEEDS TO ACCOMPANY YOUR APPLICATION FOR BENEFITS. AN APPLICATION WILL NOT BE CONSIDERED WITHOUT THE FORM BEING COMPLETED IN FULL. REFER TO THE BROCHURE FOR FURTHER INFORMATION.

### DETAILS OF DECEASED

Industry Number				Reference Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title		Initials		Surname			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Names (First Two Names in Full)							
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did the member leave a Will? (Please tick the applicable block)				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Who has been appointed as executor of the estate?				<input type="text"/>			

### ADDRESS OF EXECUTOR

POSTAL ADDRESS		
P O Box Number	Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

### CONTACT DETAILS

Work Tel No	Code	<input type="text"/>	Number	<input type="text"/>
Fax No	Code	<input type="text"/>	Number	<input type="text"/>
Cell No	Code	<input type="text"/>	Number	<input type="text"/>
E-Mail	<input type="text"/>			

FURNISH INFORMATION OF THE DECEASED'S ASSETS AND LIABILITIES: (YOU ARE WELCOME TO SUBMIT A COPY OF THE LIQUIDATION AND DISTRIBUTION ACCOUNT).

ASSETS	LIABILITIES
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Was the deceased a member of a medical aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

(IF YES, ENCLOSE A COPY OF THE FRONT AND BACK OF THE CARD)



## APPLICATION FOR DEATH BENEFIT (QUESTIONNAIRE) CONTINUED

**DETAILS OF DECEASED SPOUSE'S (FURNISH DETAILS OF ALL THE DECEASED'S EX-SPOUSE'S, DECEASED SPOUSE'S, CUSTOMARY LAW SPOUSE'S AND COMMON LAW SPOUSE'S)**

No	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			

**DETAILS OF CHILDREN (FURNISH DETAILS OF MINOR AND MAJOR BIOLOGICAL, ADOPTED, AND STEP CHILDREN)**

No	Name	Date of Birth	Relationship	Scholar/Student/Other
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**DETAILS OF ANY OTHER PERSON WHO WAS DEPENDANT ON THE DECEASED AT THE TIME OF HIS DEATH:**

No	Name	Date of Birth	Relationship	State whether Employed/Unemployed
1.				
2.				
3.				
4.				
5.				

### PARTICULARS OF APPLICANT

Title	Initials	Surname																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Full Names (First Two Names in Full)																					
1	<input type="text"/>										2	<input type="text"/>									
Identity Number										Passport Number											
<input type="text"/>										<input type="text"/>											
Country Where Passport Was Issued										Gender (Please tick block)				Date Of Birth (YYYYMMDD)							
<input type="text"/>										Male		<input type="checkbox"/>		Female		<input type="checkbox"/>		<input type="text"/>			







# MONTHLY INCOME AND EXPENDITURE STATEMENT

Deceased's Industry Number

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

## PARTICULARS OF APPLICANT

Title	Initials	Surname
Full Names (First Two Names in Full)		
1		2

## DETAILS OF DECEASED

Title	Initials	Surname

MONTHLY INCOME				MONTHLY EXPENDITURE			
Salary after deductions	R			Rent/Bond Repayments	R		
Your occupation				HP Repayments	R		
Your Employer				Long Term Loans	R		
Spouse's salary	R			Short Term Loans	R		
Spouse's Occupation				Overdraft account(s)	R		
Spouse's Employer				Credit Cards	R		
Monthly Pension	R			Groceries	R		
Spouse's Pension from Fund	R			Clothing	R		
State Subsidy being received	R			Telephone	R		
Rental being received	R			Water and lights	R		
Interest being received	R			Rates and Taxes	R		
OTHER INCOME - SPECIFY				Domestic servant/gardener	R		
.....	R			School expenses	R		
<b>TOTAL MONTHLY INCOME</b>	R			Policies	R		
Value of own fixed property	R			Medical Costs	R		
Outstanding bond	R			Insurance	R		
<b>RECEIVED BY YOU AFTER THE DECEASED'S DEATH</b>				<b>OTHER MONTHLY EXPENSES/ACCOUNTS (SPECIFY)</b>			
Lump sum received	R			.....	R		
UIF payout received	R			.....	R		
Life assurance payout 1	R			.....	R		
Life assurance Payout 2	R			.....	R		
Proceeds from the estate	R			.....	R		
Group Life Policy payout	R			.....	R		
Funeral Policy payout	R			.....	R		
Leave payout	R			.....	R		
Rand Mutual	R			.....	R		
Medical Bureau	R			.....	R		
OTHER INCOME - SPECIFY				.....	R		
.....	R			.....	R		
<b>TOTAL PAYMENTS RECEIVED</b>	R			<b>TOTAL EXPENDITURE</b>	R		

Signature

Date (YYYYMMDD)

