

4 FINANCIAL DETAILS

4.1	Date of last contribution to the Fund	
4.2	Amount of last contribution to the Fund	R
4.3	Member's annual pensionable salary on the date of death	R
4.4	The Fund/employer has the following preferential claim against the member's benefit in the amount of	R
<input type="checkbox"/>	Housing loan	
<input type="checkbox"/>	Fraud/Dishonesty/Misconduct (Please attach a copy of the member's written admission of liability or court order)	

5 DOCUMENTS REQUIRED

5.1	Member's marriage certificate	Two certified copies
5.2	Member's nomination form	Original
5.3	Proof of age of member	Two certified copies
5.4	Proof of age of dependants and/or nominees	Two certified copies of each
5.5	Member's death certificate	Two certified copies
5.6	Revenue Form D completed by the Employer	Original
5.7	Revenue Form IRP2 completed by each person who qualifies to receive a spouse's or children's pension	Originals
5.8	The trustees' instruction for the payment of the benefit	Original

NB: Documents submitted must be either the original or certified copy by a commissioner of oaths.

If these documents are not fully available at time of completing this form, they may be submitted separately once they become available. Completion of this form should not be delayed if all the documents are not available

6 EMPLOYER'S CERTIFICATION

I hereby certify that the above information is correct.

Date

Capacity

Full names

Signed on behalf of the Employer

Company stamp