

ITRANSACT RETIREMENT PLAN

DEATH NOTIFICATION & INFORMATION GATHERING FORM

For use in the investigation and allocation of death benefits due from the Prime Retirement Annuity Fund, the Prime Preservation Pension Fund or the Prime Preservation Provident Fund (each “the Fund”)

Section 37C of the Pension Funds Act governs the distribution of death benefits payable by retirement funds. When a member of a retirement fund passes away, the Board of Trustees is legally required to investigate the member’s personal circumstances, identify financial dependents and nominees, and allocate the death benefit in a fair and equitable manner. This process must be followed despite the members’ beneficiary nomination or Will and entails a holistic assessment of the needs and circumstances of all identified dependents. The information requested in this Death Notification form assists the Fund in fulfilling its statutory duties and ensures that the benefit is allocated in accordance with Section 37C.

Fund name	
Client reference / Claim reference	

Important Information
1. This form should be completed by a family member, executor, or another person with personal knowledge of the deceased member’s circumstances. 2. Please answer all questions as fully as possible. If a question is not applicable, write “N/A”. 3. The Fund may corroborate the information provided by family members and/or other parties by email or telephone, where required. 4. Supporting documents are required. 5. Additional information and/or documents may be requested by the Board of Trustees or the Administrator during the investigation.

1. Details of the Deceased Member	
Title	
Surname	
First name(s)	
Date of birth (DD/MM/YYYY)	___ / ___ / ____
Date of death (DD/MM/YYYY)	___ / ___ / ____
ID number / Passport number	
South African income tax number (if applicable)	
Last residential address	
Postal code	

Marital status at date of death:

☐	Single	☐	Married	☐	Life Partner	☐	Engaged	☐	Separated	☐	Divorced	☐	Widowed		
Was the deceased a member of any other retirement fund?										☐	Yes	☐	No		
If yes, fund(s) name:															
Has the above fund paid out any benefits?										☐	Yes	☐	No		
If yes, to whom:															
Did the deceased have any other life/insurance policies?										☐	Yes	☐	No		
If yes, list insurer(s) / policy(ies)															
Cause of death (if known)															
Is the cause of death being investigated by the police?										☐	Yes	☐	No		
If yes, provide details:															
Police case number															
Investigating police station															
Investigating officer (name)															
Contact number															
Email address															
Reason for investigation															
Did the deceased have a will?										☐	Yes	☐	No	☐	Unknown

Supporting documents (Section 1):

☐	Copy of death certificate
☐	Copy of ID/passport of deceased
☐	Copy of will (if applicable)
☐	If death is unnatural: police case details / report (if available)

2. Employment details (if applicable at date of death)

Name of employer (or company/CC if self-employed)	
Deceased member's occupation / job title	
Contact person at employer	
Telephone (landline)	
Mobile	
Email	

3. Spouse(s) at Date of Death

Complete this section for each current spouse. If more space is needed, attach additional pages.

A spouse includes any person in a recognised marriage with the deceased at the date of death, including civil unions or customary marriages

How many people was the deceased married to at date of death?	
Title	
Surname	
First name(s)	
Maiden/previous surname (if applicable)	
Date of birth (DD/MM/YYYY)	___ / ___ / ____
ID number / Passport number	
Residential address	
Postal code	
Telephone (landline)	
Mobile	
Email	
Date married (DD/MM/YYYY)	___ / ___ / ____
Is the spouse currently employed and/or receiving a pension income?	☐ Yes ☐ No
Monthly gross income (if applicable):	R
Did the spouse live with the deceased at date of death?	☐ Yes ☐ No
If no, since when have they been living apart?	
Reason for living apart:	
Did the deceased have a relationship similar to a marriage with any person other than the spouse?	☐ Yes ☐ No
If yes , please fill out Section 4 accordingly.	

Supporting documents (Section 3):

- | | |
|--------------------------|--|
| ☐ | Copy of spouse ID/Passport |
| ☐ | Marriage certificate(s) / customary marriage evidence (e.g., lobola letter) where applicable |

4. Permanent Life Partner (living as a married couple) at Date of Death

Complete this section for each current life partner. If more space is needed, attach additional pages.

A permanent life partner refers to an individual who lived with the member in a committed, long-term relationship that resembled that of a married couple, irrespective of whether the relationship was formalised through a civil union or customary marriage.

Did the deceased live with someone other than a spouse and share a common household at date of death?	☐	Yes	☐	No
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If yes, provide details below:

Living together since (MM/YYYY)	____ / ____
Title	
Surname	
First name(s)	
Date of birth (DD/MM/YYYY)	____ / ____ / ____
ID number / Passport number	
Residential address	
Postal code	
Telephone (landline)	
Mobile	
Email	

Did the deceased have a relationship similar to a life partnership with any person other than the above?	☐	Yes	☐	No
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If yes, provide name(s) and contact details:

Is the life partner currently employed and/or receiving a pension income?	☐	Yes	☐	No
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Monthly gross income (if applicable):	R
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Supporting documents (Section 4):

- | | |
|--------------------------|--|
| ☐ | Copy of life partner ID/passport |
| ☐ | Permanent partnership agreement / Proof of shared household (optional but helpful: lease agreement, utility bill, affidavit) |

5. Previous Spouse(s) and/or Life Partner (Divorced and/or Deceased)	
How many previous marriages did the deceased have?	
How many of these marriages ended in divorce?	
How many previous life partners did the deceased have?	
List all previous living spouses and/or life partners (attach additional pages if required):	
Spouse/Partner 1	
Title & Surname	
First Names	
DOB	
Cell	
Email	
Relationship to deceased	
Spouse/Partner 2	
Title & Surname	
First Names	
DOB	
Cell	
Email	
Relationship to deceased	
Spouse/Partner 3	
Title & Surname	
First Names	
DOB	
Cell	
Email	
Relationship to deceased	
List all previous deceased spouses and/or life partners (attach additional pages if required):	
Deceased Spouse/Partner 1	
Title & Surname	
First Names	
DOB	
Date of death	
Relationship to deceased	
Deceased Spouse/Partner 2	
Title & Surname	

First Names	
DOB	
Date of death	
Relationship to deceased	
Deceased Spouse/Partner 3	
Title & Surname	
First Names	
DOB	
Date of death	
Relationship to deceased	

Supporting documents (Section 5):	
☐	Divorce order(s) and settlement agreement(s) (where applicable)
☐	Maintenance order(s) (where applicable)
☐	Death certificate(s) for any predeceased spouse and/or life partner(s) (where applicable)

6. Children of the Deceased Member	
Provide details for each living child regardless of age (attach additional pages if required)	
<i>Children include biological, legally adopted, born out of wedlock, and predeceased children.</i>	
Child 1	
Name and surname:	
Relationship (Bio/Adopted/Other)	
DOB / ID / Passport	
Contact details	
Residential address	
In whose care (now / at death)	
Dependency / income notes	
Child 2	
Name and surname:	
Relationship (Bio/Adopted/Other)	
DOB / ID / Passport	
Contact details	
Residential address	
In whose care (now / at death)	

Dependency / income notes	
Child 3	
Name and surname:	
Relationship (Bio/Adopted/Other)	
DOB / ID / Passport	
Contact details	
Residential address	
In whose care (now / at death)	
Dependency / income notes	
Predeceased children (if any): Provide name(s) and Date of Death.	
Name(s)	Date of Death

Supporting documents (Section 6):	
☐	Copy of ID/passport/unabridged birth certificate for each living child
☐	Adoption papers (where applicable)
☐	Death certificate(s) for any predeceased child(ren) (where applicable)
☐	Proof of dependency (optional but helpful: maintenance order, affidavits, proof of payment)

7. Parents of the Deceased Member	
7.1 Father	
Is the deceased's father alive?	☐ Yes ☐ No
Name and surname	
Date of birth	___ / ___ / ____
If deceased: date of death	___ / ___ / ____
ID number / Passport number	
Occupation	
Telephone / Mobile	
Email	
Residential address	
Postal code	

Was the father living with the deceased at date of death?		☐	Yes	☐	No
Was the deceased providing regular financial support to the father at the time of death?		☐	Yes	☐	No
Is the father currently employed and/or receiving a pension income?		☐	Yes	☐	No
Monthly gross income (if applicable):	R				
7.2 Mother					
Is the deceased's mother alive?		☐	Yes	☐	No
Name and surname					
Date of birth	____ / ____ / ____				
If deceased: date of death	____ / ____ / ____				
ID number / Passport number					
Occupation					
Telephone / Mobile					
Email					
Residential address					
Postal code					
Was the mother living with the deceased at date of death?		☐	Yes	☐	No
Was the deceased providing regular financial support to the father at the time of death?		☐	Yes	☐	No
Is the mother currently employed and/or receiving a pension income?		☐	Yes	☐	No
Monthly gross income (if applicable):	R				

8. Siblings of the Deceased Member					
Provide details for each living sibling (attach additional pages if required).					
<i>Siblings include brothers, sisters and half-siblings.</i>					
Number of living siblings:					
Sibling 1					
Title & Surname					
First Names					
DOB / ID / Passport					
Contact details					
Email					
Is this person married?		☐	Yes	☐	No

Was the sibling living with the deceased at date of death?	☐	Yes	☐	No
Was the deceased providing regular financial support to the sibling at the time of death?	☐	Yes	☐	No
Is the sibling currently employed and/or receiving a pension income?	☐	Yes	☐	No
Monthly gross income (if applicable):	R			
Sibling 2				
Title & Surname				
First Names				
DOB / ID / Passport				
Contact details				
Email				
Is this person married?	☐	Yes	☐	No
Was the sibling living with the deceased at date of death?	☐	Yes	☐	No
Was the deceased providing regular financial support to the sibling at the time of death?	☐	Yes	☐	No
Is the sibling currently employed and/or receiving a pension income?	☐	Yes	☐	No
Monthly gross income (if applicable):	R			
Sibling 3				
Title & Surname				
First Names				
DOB / ID / Passport				
Contact details				
Email				
Is this person married?	☐	Yes	☐	No
Was the sibling living with the deceased at date of death?	☐	Yes	☐	No
Was the deceased providing regular financial support to the sibling at the time of death?	☐	Yes	☐	No
Is the sibling currently employed and/or receiving a pension income?	☐	Yes	☐	No
Monthly gross income (if applicable):	R			

9. Persons financially supported by the Deceased Member at Date of Death

Provide details for any other person who were, in your opinion, financially dependent on the deceased (attach additional pages if required).

Person 1

Title & Surname	
First Names	
Relationship to deceased	
Contact details	
Email	
Nature of dependency (e.g. accommodation, food etc)	
Person 2	
Title & Surname	
First Names	
Relationship to deceased	
Contact details	
Email	
Nature of dependency (e.g. accommodation, food etc)	

10. Estate, executor and other relevant information	
Has an executor been appointed?	☐ Yes ☐ No ☐ Unknown
Executor name (if applicable)	
Executor contact details (tel. / email)	
Master's office reference (if available)	
Estate number (if available)	

Supporting documents (Section 10) if available:	
☐	Letters of executorship / authority
☐	Death notice (BI-1663) / Inventory (where available)

11. Additional Information

Provide any other information regarding the deceased's circumstances or other factors that may assist the Board of Trustees to identify dependants and allocate the death benefit fairly:

12. Processing of Personal Information (POPIA)

The Prime Retirement Funds (the 'Funds') are required to obtain certain personal information, as defined in the Protection of Personal Information Act, 2013 ('POPIA') and any other relevant data protection legislation, for the purpose of conducting an investigation to determine the dependants of the deceased member in order to distribute the death benefit payable as a result of the death of the deceased member ('the purpose').

In line with the legal obligation of the Funds to conduct a full and thorough investigation in determining the circle of dependants and their respective financial needs, certain information will be requested from you. By providing this annexure and any other information, you consent to the Funds, the Administrator and authorised service providers:

- Processing your personal information for the purpose and any related purposes; and
- Sharing such personal information with other retirement funds of which the deceased member was a member (where applicable) for such retirement funds to conduct their own investigation to determine the dependants; and
- Sharing such personal information with any third party or third-party service providers for the purpose described above, and for the purpose of storing and maintaining your personal information.

In addition to the information obtained from you directly, the Funds may collect certain information regarding you from third parties, where this is necessary for the purpose.

After completion of the Fund's investigation, the Fund will make a decision as to the distribution of the death benefit and this distribution decision, and the relevant basis for the decision, will be communicated to all nominees and dependants identified in the investigation.

The Funds confirm that they will always comply with relevant data protection legislation and take appropriate measures to protect personal information.

13. Declaration by Person completing this form

I, (full name and surname) _____, declare that:

- I have personal knowledge of the deceased member's circumstances (or, where I do not have personal knowledge, I have completed this form based on information provided to me and available documentation).
- I have completed this form to the best of my knowledge and belief, and the information provided is true and correct.
- I have not intentionally withheld information that may assist the Board of Trustees in identifying dependants and/or allocating the death benefit fairly.

Relationship to the deceased	
Full name and surname	
Signature	
Signed at (place)	
Date (DD/MM/YYYY)	___ / ___ / ____

Where to submit the completed form:

Please email the completed form and supporting documents to:	instructions@itransact.co.za
Alternatively, contact the Itransact Client Service Centre:	+27 (0) 86 143 2383