

DEATH BENEFIT BENEFICIARY CLAIM FORM

FUND NAME: _____


 Administered by RFS Fund Administrators
 Cnr. Feld St and Newton St, Windhoek • PO Box 80349, Windhoek, Namibia

Required Documents:

- Proof of official appointment as guardian
- Certificate of existence of minor beneficiary
- Confirmation of student status of minor beneficiary (if applicable)

A. DECEASED MEMBER DETAILS

Employer / Cost Centre		Company Ref. No	
Title, Initials, Surname	Title	Initials	Surname
First Names			Date of Birth DD / MM/ YYYY
Identity number	ID or passport number	Date of death	DD/MM/YYYY

B. BENEFICIARY'S DETAILS

Title, Initials, Surname	Title	Initials	Surname
First Names			Date of Birth DD / MM/ YYYY
Identity number*	ID or passport number	Relationship to deceased	
Income Tax number			Revenue Office
Contact details:	Postal:	Phone:	e-Mail:

C. MINOR BENEFICIARY'S GUARDIAN DETAILS

Title, Initials, Surname	Title	Initials	Surname
First Names			Date of Birth DD / MM/ YYYY
Identity number			Relationship to minor beneficiary
Contact details:	Postal:	Phone:	e-Mail:

D. D. ANNUITY OPTION

3/3 of 51% of the pension fund death benefit must be used fully for the compulsory purchase of an annuity and a cash commutation of the remaining 49%	TICK
2/3 of 51% of the pension fund death benefit for the compulsory purchase of an annuity and 1/3 of 51% to be commuted in cash together with the 49% cash commutation	TICK

E. DECLARATIONS

1. BY MAJOR BENEFICIARY

I certify that the above information is true and correct and that the death benefit due to me i.r.o the deceased member indicated above will be paid out as per Trustee resolution and will be in full and final settlement of the benefit due by the Fund.

Name / Signature of Beneficiary

 Date: DD / MMYYY

OR

2. BY GUARDIAN OF A MINOR BENEFICIARY

I certify that the above information is true and correct and that the death benefit due to the minor beneficiary in my care i.r.o the deceased member indicated above will be paid out as per Trustee resolution and will be in full and final settlement of the benefit due by the Fund.

I further confirm that the minor beneficiary is alive and under my care and that the benefits paid to me on behalf of the minor beneficiary will be applied for the sole benefit of the minor beneficiary.

Name / Signature of Guardian

 Date: DD / MMYYY

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F. PAYMENT OF CASH PORTION OF BENEFIT

To be completed by Guardian of a minor beneficiary provided that the Trustee resolution provides for payment to the Guardian

Guardian/Beneficiary Initials & surname				
Guardian/Beneficiary date of birth/ID Number				
I herewith request that the cash portion of my benefit be paid into my bank account:				
NOTE: Payment to third party accounts or joint accounts is prohibited.				
Account Holder/s Details	Account Holder/s (if more than one) Full names	1	Full Names	
		2	Full Names	
	Account Holder/s (if more than one) ID number	1	ID Number	
		2	ID Number	
	Account Co-Holder/s signature	Signature 1		Signature 2
Bank Account Details	Bank name	Bank Name		
	Bank account number*	Bank Account number		
		*for NamPost Savings Bank insert account: unique serial number (USN)		
Type of account	Cheque	Savings	Other	
<u>Declaration by Bank Official:</u>				BANK STAMP
I, _____ (Bank Official's full names) confirm that the above banking details are those of the person/s reflected in Section D				
Bank Official's signature	Signature	Date: DD / MM/ YYYY		
<u>Declaration by Guardian/Beneficiary:</u>				
I, _____ (Full Names & ID number/DOB)				
<ul style="list-style-type: none"> • instruct the Fund to make payment of my cash benefit to the above bank account and absolve the Fund of any further liability in respect of this benefit once it has been paid as instructed and I understand that it is not reversible; • declare that the banking details contained in this document are my own and that all information contained in this document has been verified to be factually true and correct. 				
Signature	Signature		Date: DD / MM/ YYYY	

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G. TRANSFER TO ANOTHER APPROVED FUND FOR ANNUITY PURCHASE

The transfer as instructed will be in accordance with the stipulations of the Income Tax Act. In terms of section 16(1)(z) of the Income Tax Act (Act 24 of 1981) only a transfer of retirement fund capital to an approved retirement, pension, provident or preservation fund registered in Namibia under the Pension Funds Act (Act 24 of 1956) is exempt from tax.

H. DECEASED MEMBER'S DETAILS

Title, Initials, Surname	Title	Initials	Surname
Identity number	Namibian ID/passport	Other identity	Passport No
Income Tax number		Revenue Office	

I. ANNUITANT'S DETAILS

Title, Initials, Surname	Title	Initials	Surname
Identity number	Namibian ID	Other identity	Passport No
Income Tax number		Revenue Office	

J. TRANSFEROR FUND - AMOUNT TO BE TRANSFERRED

Tick	3/3 of 51% of a pension fund death benefit which must be used fully for the compulsory purchase of an annuity	N\$	
Tick	3/3 of 51% of a pension fund death benefit, at least 2/3 of which must be used for the compulsory purchase of an annuity made up as follows:	N\$	
		N\$	
Tick	2/3 of 51% of a pension fund death benefit for the compulsory purchase of a pension	N\$	
Tick	2/3 of 51% of a pension fund death benefit for the compulsory purchase of an annuity	N\$	
The transferor fund is an approved Pension Fund			
Signed on behalf of the transferor fund	Signature	Date	OFFICIAL STAMP OF THE TRANSFEROR FUND
	Name & Surname		

K. DETAILS OF TRANSFEREE FUND / POLICY (to be completed by the intermediary and / or receiving fund's administrator)

Type of fund / policy					
Registered name of Fund / Insurance Policy name			Application number / Policy number		
Tax approval number	Note: tax approval number must match bank account of transferee fund				
Bank Account details of transferee Fund / Policy	✓	Bank Account Name	Bank Account Number	Name of Bank	Bank statement reference
Approved Fund indicated above					
Insurance Policy indicated above					
Details of contact person or Intermediary (if any)	Initials & Surname Cell no / e-mail address				
Signature of Intermediary (if any)				Date	
Declaration by transferee Fund/policy	The transferee fund herewith confirms that as soon as payment has been made by the transferor fund into the above bank account, the amount received will be invested strictly as set out above.				
Signed on behalf of the transferee fund/insurer	Signature	Date	OFFICIAL STAMP OF THE TRANSFEREE FUND		
	Name & Surname				

1. DECLARATION BY BENEFICIARY

I understand that the transfer of the value of my retirement benefit may not be made unless this form has been duly completed, signed and witnessed and received by the Transferor Fund and the 60-day transfer period specified in Sect 262(6) of the Act will not commence until the Transferor Fund has received this form duly completed, signed and witnessed, and that, further, the value of my retirement benefit will be credited with such rate of interest as specified by the rules of the Transferor Fund during the period prior to the expiration of the aforesaid 60-day period and that the rate of interest applicable following the expiration of the 60-day period will be determined according to Regulation RF.R.5.7. I also understand that the proper completion of this form and its receipt by the Transferor Fund may not be sufficient in and of itself to permit the complete and accurate determination of the dollar amount of the value of my retirement benefit specifically, payment can only be made if my tax returns are up to date.

Signed at _____ on this ____ day of _____, 20____, in the presence of the undersigned witness:

Member

Witness

Initials & surname of witness