

# QUESTIONNAIRE FOR THE DISPOSAL OF DEATH BENEFIT

**FUND NAME:** \_\_\_\_\_



This questionnaire should be completed by the Employer based on information obtained from the deceased member's executor and / or relatives in order to assist the Fund's Trustees in the disposal of the death benefits payable.

**A - MEMBER DETAILS**

<b>Employer</b>		<b>Cost Centre</b>	
<b>Title &amp; Surname</b>		<b>Member Ref. No</b>	
<b>First Name &amp; Initials</b>		<b>Date of Birth</b>	
<b>Identity Number</b>		<b>Date of Death</b>	
<b>Income Tax Number</b>		<b>Revenue Office</b>	
<b>Marital Status</b>	Married / Single / Widowed / Divorced / Separated		

**B – DETAILS OF SPOUSE(S)** (Please duplicate if the member had more than one spouse and complete per spouse)

<b>SPOUSE</b>	<b>Title &amp; Surname</b>		
<b>First Name &amp; Initials</b>		<b>Date of Birth</b>	
<b>Basis of marital union</b>	Civil / Customary / Common law / Co-habitation /		
<b>Postal address</b>		<b>Tax Number</b>	
<b>Bank details</b>	<b>Bank</b>		<b>Branch</b>
	<b>Account No</b>		<b>Branch Code</b>
	<b>Account Name</b>		
<b>Were the member and the spouse living together at the member's date of death?</b>			Yes / no
<b>Is the spouse living on his/her own?</b>			Yes /no
<b>If no, what is the extent and source of financial support he / she receives?</b>			
<b>Does the spouse own property?</b>	Yes / no	<b>If yes, approximate value?</b>	N\$
<b>Is the spouse employed?</b>	Yes / no / self-empl.	<b>In what capacity?</b>	
<b>What is the spouse's total monthly income?</b>			N\$
<b>What are the spouse's own total monthly expenses?</b>			N\$
<b>Of which child(ren) is the spouse the parent / guardian?</b>			
<b>What are the monthly expenses per child?</b>			
<b>Would the spouse benefit from a lump sum payment rather than an income provided with the lump sum?</b>			Lump sum / income
<b>Portion allocated to spouse by the member in a nomination (% or N\$)</b>			

## QUESTIONNAIRE FOR THE DISPOSAL OF DEATH BENEFIT

<b>Justifiable reason(s) why member's provision should be overruled?</b>	
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Please provide certified copies of ID documents or birth certificates and marriage certificates or other proof that the person qualifies as a spouse of the member (e.g. sworn affidavit).

**C – DIVORCE ORDERS IF ANY**

<b>Did the deceased support an ex-spouse in terms of a maintenance order, agreement or voluntarily?</b>	Yes / no
<b>If yes what was the monthly maintenance payment?</b>	N\$
<b>Has the ex-spouse remarried?</b>	Yes /no

Please complete Section F below in respect of the ex-spouse if applicable.

**D – DETAILS OF MINOR AND MAJOR DEPENDENT CHILDREN** (Please duplicate this section if required)

<b>Full Names</b>				
<b>Date of Birth</b>				
<b>Tax Number</b>				
<b>Age at Member's Death</b>				
<b>Parent / Guardian</b>				
<b>Expenses per child</b>				
<b>Current Educational Institution</b>				
<b>Marital Status</b>				
<b>Extent of Dependency on Member</b>				
<b>Portion allocated by Member to child in the nomination</b>				
<b>Justifiable reason(s) why member's provision should be overruled?</b>				

Please provide certified copies of full birth certificates or baptismal certificates showing parentage. If not available sworn affidavits as to parentage should be provided.

## QUESTIONNAIRE FOR THE DISPOSAL OF DEATH BENEFIT

**E – DETAILS OF GUARDIANS OF CHILD(REN) IF NOT A SPOUSE OF THE MEMBER** (Please duplicate if required)

<b>GUARDIAN</b>	<b>Title &amp; Surname</b>			
<b>First Name &amp; Initials</b>		<b>Date of Birth</b>		
<b>Postal address</b>				
<b>Bank details</b>	<b>Bank</b>		<b>Branch</b>	
	<b>Account No</b>		<b>Branch Code</b>	
	<b>Account Name</b>			
<b>Is the guardian living on his/her own?</b>				Yes /no
<b>If no, what is the extent of financial support he / she receives?</b>				
<b>Does the guardian own property?</b>	Yes / no	<b>If yes, what is the approximate value?</b>	N\$	
<b>Is the guardian employed?</b>	Yes / no / self-empl.	<b>In what capacity?</b>		
<b>What is the guardian's total monthly income?</b>				N\$
<b>What are the guardian's own total monthly expenses?</b>				N\$
<b>Of which child(ren) is he / she the guardian?</b>				
<b>What are the monthly expenses per child?</b>				
<b>Is a regular income required for the child?</b>				
<b>Ad-hoc expenses to be provided for the child(ren):</b>	Medical / schooling / urgent family needs /			

Please provide certified copies of ID documents or birth certificates and proof of guardianship (e.g. sworn affidavit).

**F – OTHER FINANCIAL DEPENDANTS** (Please provide certified copied of ID document or birth certificate and proof of financial dependency (e.g. sworn affidavit).

<b>Full Name</b>			
<b>Date of Birth</b>			
<b>Tax Number</b>			
<b>Address</b>			
<b>Relationship to Member</b>			
<b>Extent Of Dependency</b>			
<b>Bank Details - Bank Branch &amp; code Account No</b>			
<b>Portion allocated by the Member in a Nomination</b>			
<b>Justifiable reason(s) why member's provision should be overruled.</b>			
<b>Remarks</b>			

# QUESTIONNAIRE FOR THE DISPOSAL OF DEATH BENEFIT

**G – NOMINEES** (Please provide certified copies of ID document or birth certificate)

<b>Full Name</b>			
<b>Date of Birth</b>			
<b>Tax Number</b>			
<b>Address</b>			
<b>Relationship to Member</b>			
<b>Percentage Allocated By The Member In A Nomination</b>			

NOTE: If no dependants have been traced within 12 months of date of death of the member and the member nominated someone in writing to receive the death benefit, written confirmation to be obtained from the executor of the deceased's estate whether assets exceed the liabilities in the estate.

**H – EXECUTOR OF ESTATE**

<b>Name &amp; Address</b>	
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**G – EMPLOYER'S REMARKS**

–	<b>COMPANY STAMP</b>
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Signed on behalf of the Employer	
_____ <b>Date</b> _____	