TRANSNET SECOND DEFINED BENEFIT FUND

Belmont Office Park,Twist Street, Bellville, 7530
P O Box 4300, Tyger Valley, 7536

Call Centre: 021 943 5310
Share Call: 087 330 1295
WhatsApp: 076 796 2826

Email: Info@TSDBF.Net
Death Claims: deathclaims@TSDBF.Net
Website: WWW.TSDBF.Net
USSD: *120*559#

Application for a Child Benefit

DETAILS OF THE DECEASED PENSIONER

Pensioner Number			
First Names & Surname			
ID Number			
Date of Death		Age at Date of Death	

Please attach a certified copies of the deceased's identity document and death certificate.

The Rules define a child or Children as

(i) a child born to a Pensioner; or
(ii) a child who as at the 2006 Rule Amendment Date was a stepchild or adopted child of a Pensioner; and who
  (i) has survived the Pensioner, and is not more than 18 years of age; or
  (ii) has survived the Pensioner, and is more than 18 years of age and in respect of whom it has been demonstrated to the satisfaction of the Board that-
    (a) he or she is engaged in full-time tuition at an education institution registered as such with the Department of Education, since the commencement of such full-time tuition prior to 18 years of age, and is not more than 26 years of age; or
    (b) (i) he or she is mentally or physically incapable of supporting him or herself; and
    (ii) in respect of whom the Board has at intervals not exceeding 5 years exercised its discretion to treat him or her as a qualifying Child for the purposes of these Rules for a period or further period not exceeding 5 years.

DETAILS OF THE CHILD APPLYING FOR A PENSION

First Names & Surname							
Relationship to the deceased	Biological Child		Adopted Child		Stepchild		
Child Classification	Minor Child		Disabled Major Child		Studying Major Child		
ID Number				Age of Applicant			
Residential address							
				Postal Code			
Postal address							
				Postal Code			
Home Phone number							
Cell phone number							
Email address							

Please attach a certified copy of your identity document.

BANKING DETAILS OF THE CHILD APPLICANT

Account holder's name			
Bank name			
Account number			
Account type			
Branch name		Branch code	

Please attach a bank account confirmation letter or stamped statement no older than 3 months

DETAILS OF THE CHILD'S GUARDIAN SUBMITTING THE APPLICATION

First Names & Surname			
Relationship to the deceased			
Relationship to the Child			
ID Number		Age of Applicant	
Residential address			
		Postal Code	
Postal address			
		Postal Code	
Home Phone number			
Cell phone number			
Email address			

Please attach a certified copy of your identity document.

BANKING DETAILS OF THE GUARDIAN APPLICANT

Account holder's name			
Bank name			
Account number			
Account type			
Branch name		Branch code	

Please attach a bank account confirmation letter or stamped statement no older than 3 months

DETAILS OF ALL THE OTHER CHILDREN OF THE DECEASED

First Names & Surname						
Relationship to the deceased	Biological Child		Adopted Child		Stepchild	
ID Number			Age of Applicant			
Residential address						
			Postal Code			
Home Phone number						
Cell phone number						
Email address						
Guardian's Name						
Guardian's contact details						

First Names & Surname						
Relationship to the deceased	Biological Child		Adopted Child		Stepchild	
ID Number			Age of Applicant			
Residential address						
			Postal Code			
Home Phone number						
Cell phone number						
Email address						
Guardian's Name						
Guardian's contact details						

First Names & Surname						
Relationship to the deceased	Biological Child		Adopted Child		Stepchild	
ID Number			Age of Applicant			
Residential address						
			Postal Code			
Home Phone number						
Cell phone number						
Email address						
Guardian's Name						
Guardian's contact details						

First Names & Surname						
Relationship to the deceased	Biological Child		Adopted Child		Stepchild	
ID Number			Age of Applicant			
Residential address						
			Postal Code			
Home Phone number						
Cell phone number						
Email address						
Guardian's Name						
Guardian's contact details						

REQUIRED DOCUMENTARY EVIDENCE

In the case of a MINOR CHILD

1.	Copy of Unabridged Birth Certificate/ID/Passport (certified)
2.	Social Worker report if minor child is in the care of a guardian (if applicable)
3.	Proof of parent's / guardian's Banking Details (Not older than 3 months)
4.	If the guardian is not the surviving parent, proof of guardianship in the form of confirmation from a social worker regarding the care of the child, or an order from the High Court or Children's Court, is required.

In the case of a disabled MAJOR CHILD

1.	Copy of ID/Passport (certified)
2.	Report from 1 (one) medical practitioner and 1 (one) District surgeon confirming disability and date of first diagnosis
3.	Proof of parent's / guardian's Banking Details (Not older than 3 months).
4.	If the guardian is not the surviving parent, proof of guardianship in the form of confirmation from a social worker regarding the care of the child, or an order from the High Court or Children's Court, is required.

In the case of a MAJOR CHILD under 26 in full time study

1.	Copy of ID/Passport (certified)
2.	Proof of full-time study at a registered institution (including previous year's progress report if already in full-time study at the time of the pensioner's death)
3.	Proof of Major Child's Banking Details (Not older than 3 months)

SWORN DECLARATION

Please tick which is correct: the major child is applying in own right ____ or the guardian is applying ___

I _____ (Applicant's full names and surname)

Identification number _____, hereby confirm that the above details are correct and that I will make no claim against the Fund or Fund Administrator in the event of any loss, damage or claim from the use of this information, or in the event that incorrect information has been supplied by me.

Signed on this day (Date)	**At (name of city e.g. Johannesburg)**	**Signature**

PLEASE NOTE: that this statement is made under penalty of perjury, and any false information provided may result in legal consequences, including criminal charges.

To expedite the processing of your application, kindly provide **ALL** the necessary documentary evidence and ensure that all the documents are properly certified. **No benefit will be considered unless all the documentation has been received**.

Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation. The Fund Administrator is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfil its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information, (including special personal information), provided to us is processed in a secure manner. Verso Financial Services takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent – loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to www.tsdbf.net to view the fund's privacy policy statement.