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#

Notification of Death of the Primary Pensioner & Civil Marriage Application for a Spouse 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.

DETAILS OF THE APPLICANT

First names & surname			
ID number		Date of Marriage	
Relationship to the deceased			
Were you and the deceased divorced at date of death?		Were you and the deceased living in the same residence at date of death?	
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 APPLICANT

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

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

To be eligible for a Spouse benefit, you must meet the Recognized Marriage conditions as outlined in the Fund's rules.

Recognised Marriage means, in relation to a Pensioner-

(i) a civil marriage or customary marriage or a marriage by religious rites; or
(ii) a union as defined in the Civil Union Act 17 of 2006; or
(iii) cohabitation between a Pensioner and another person which the Board in its discretion has determined to be a Recognised Marriage:

Provided that any relationship referred to in (i) to (iii) which constitutes **a Recognised Marriage, should have existed prior to or at the 2006** Rule Amendment Date and continued to exist until the date of death of the Pensioner.

REQUIRED DOCUMENTARY EVIDENCE ✓

1	Certified copy of ID/passport.	
2	Certified copy of marriage certificate.	
3	Spouse's active tax number (Spouse to register for tax if not registered)	
4	Certified proof of spouse's banking details (Not older than 3 months)	

SWORN DECLARATION

To the best of your knowledge are you aware of:

1. any other surviving spouses (including cohabiting partners) of the deceased, if so, how many more? _____
2. any surviving children of the deceased who is under the age of 18, or if in full time education under 26, or who are either mentally or physically handicapped? If so, how many such children are there? _____

If yes, please provide the details on the separate page provided below (print more pages if required).

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.

I understand that the information provided in this form may be used for the purpose stated and may be subject to verification. I am aware that I have the responsibility to notify the relevant authority promptly if there are any changes or updates to the information provided herein.

_____ _____

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

_____

Signature of Applicant

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.

Please complete if you are aware of any other spouses or children as described in the sworn declaration above. Provide as much detail as possible. Print more pages if required.

DETAILS OF ANOTHER SPOUSE

First names & surname			
ID number		Date of Marriage	
Relationship to the deceased			
Residential address			
		Postal code	
Postal address			
		Postal code	
Home phone number			
Cell phone number			
Email address			

DETAILS OF ANY SURVIVING CHILDREN OF THE DECEASED WHO IS UNDER THE AGE OF 18, OR IF IN FULL TIME EDUCATION UNDER 26, OR WHO ARE EITHER MENTALLY OR PHYSICALLY HANDICAPPED.

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						