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 &
Co-Habiting Partners 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		Age of Applicant	
Relationship to the deceased			
Were you and the deceased co-habiting 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			
Account number			
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.

NEED TO BE THOROUGH & TO HAVE A COMPLETE SET OF DOCUMENTARY EVIDENCE

Proving the existence of a cohabitation partnership is extremely difficult. The Fund will not easily approve such a claim. The responsibility lies with the surviving co-habiting partner to satisfactorily prove the existence of the cohabitation to the Board of Trustees of the Fund. The Board has a duty to protect the interests of the Fund and therefore requires **ALL** the requested evidence to support the claim. The application will **NOT** be processed unless **ALL** the required documentary evidence is received and certified accordingly. Incomplete documentary evidence will result in delays or the rejection of the application.

Please note Rule 21(1) which states:

"No benefit will be paid to a Child or Spouse unless within 12 months of the date upon which notice of the death of the Pensioner was received in writing by the Fund the benefit has been in writing claimed for him or her."

THE APPLICANT'S DECLARATION OF THE EXISTENCE OF A LIFE PARTNERSHIP

Pease Note: where an affidavit is required, please use the template provided below as it contains all the required information.

1. In what year did your life partnership with the deceased begin? *Please provide an affidavit confirming the existence of a life partnership*		
2. Did you partake in any ceremony manifesting your intention to enter a life partnership *If yes, please provide an affidavit that includes: the nature of the ceremony; the date and place of the ceremony; and the names and contact details of persons who attended the ceremony.*	Yes	No
3. Are any of your family members aware of the life partnership? *If yes, please provide two separate affidavits from two family members testifying that they were aware of your life partnership with the deceased. If no, why not?* _____	Yes	No
4. Are any of your friends aware of the life partnership? *If yes, please provide two separate affidavits from two friends testifying that they were aware of your life partnership with the deceased. If no, why not?* _____	Yes	No
5. Are any of the deceased's family members aware of the life partnership? *If yes, please provide two separate affidavits from two family members of the deceased testifying that they were aware of your life partnership with the deceased. If no, why not?* _____	Yes	No
6. Are any of the friends of the deceased aware of the life partnership? *If yes, please provide two separate affidavits from two of the deceased friends testifying that they were aware of your life partnership with the deceased. If no, why not?* _____	Yes	No
7. Are there any persons <u>other than</u> friends or family who can confirm the existence of the life partnership? E.g. Neighbour, Doctor, Pharmacist, Bank Manager, Tribal Chief, etc	Yes	No
8. Did you and the deceased share a common home as at date of death? *If no, why not?* _____	Yes	No
9. Did you and the deceased share ownership of the common home? *If yes, please provide a certified copy of the deed of ownership.*	Yes	No
10. Did you and the deceased lease the common home together? *If yes, please provide a certified copy of the lease agreement.*	Yes	No
11. Did you and the deceased share in the responsibility of living expenses and the upkeep of the joint home? *If yes, please provide documentary proof such as invoices, accounts, bank statements etc..*	Yes	No
12. Did you provide financial support to the deceased? *If yes, please provide documentary proof.*	Yes	No
13. Did the deceased provide financial support to you? *If yes, please provide documentary proof.*	Yes	No
14. Was the deceased on your Medical Aid? *If yes, please provide documentary proof.*	Yes	No
15. Were you on the deceased's Medical Aid? *If yes, please provide documentary proof.*	Yes	No
16. Did the deceased make provision for you in relation to pension benefits *If yes, please provide documentary proof.*	Yes	No
17. Did you make provision for the deceased in relation to pension benefits *If yes, please provide documentary proof.*	Yes	No
18. Did you and the deceased conclude a partnership agreement? *If yes, please provide certified documentary proof.*	Yes	No
19. Did you make provision in your last will & testament for the deceased? *If yes, please provide a certified copy of your Last Will & Testament*	Yes	No

20. Did the deceased make provision for you in the deceased's last will & testament? | Yes | No

If yes, please provide a certified copy Last Will & Testament of the deceased.

21. Did you have any dependants other than the deceased? | Yes | No

If yes, please provide the names and relationships with the other persons

_____

_____

22. Did the deceased have any dependants other than you? | Yes | No

If yes, please provide names and relationships with the other persons

_____

_____

_____

23. Are you married to any person? | Yes | No

If yes, please provide a certified marriage certificate and the contact details of the spouse.

_____

_____

24. Was the deceased married to any person? | Yes | No

If yes, please provide a certified marriage certificate and the contact details of the spouse.

_____

_____

25. Were you previously divorced? | Yes | No

If yes, please provide a certified copy of any previous divorce orders.

26. Was the deceased previously divorced? | Yes | No

If yes, please provide a certified copy of any previous divorce orders.

_____

_____

27. Please provide original photographs of yourself and the deceased together | Yes | No

If no, why will you not provide any photographs?

_____

_____

CHECK LIST OF DOCUMENTARY EVIDENCE THAT MUST BE PROVIDED BEFORE THE APPLICATION WILL BE CONSIDERED,

1	Is the application form fully completed with all personal particulars?		Yes	No
2	Has an originally certified bank statement or confirmation letter of the Co-Habiting Partner been attached to this application? (Not older than 3 months)		Yes	No
3	Has a recently certified copy of the Co-Habiting Partners identity document been attached to this application? No older than 3 months		Yes	No
4	Has a certified copy of Co-Habiting Partners Active Tax Number been attached		Yes	No
5	If applicable, has a certified copy of all relevant divorce orders been attached?	N/A	Yes	No
6	Has a certified copy of the identity document of each person who made an affidavit in support of this application been attached? (Not older than 3 months)		Yes	No
7	Has a certified death certificate of the Deceased been attached?		Yes	No
8	If applicable, has a certified copy of the last will and testament of the Co-Habiting Partner been attached?	N/A	Yes	No
9	If applicable, has a certified copy of the last will and testament of the Deceased been attached?	N/A	Yes	No
10	Has all documentary proof of financial contributions to the common household been attached?		Yes	No
11	Has an original affidavit by the Co-Habiting Partner confirming the life partnership been attached?		Yes	No
12	Have at least six (6) affidavits from either a neighbour, family, friends, and/or acquaintances confirming the life partnership been attached?		Yes	No
13	Have at least one (1) affidavit from an independent prominent member of society confirming the life partnership been attached?		Yes	No
14	Has proof that one of the parties (the deceased or the Co-Habiting Partner) provided medical aid coverage for the other been attached?		Yes	No
15	Has a certified copy of any relevant lease agreement or deed of ownership of the common home been attached?		Yes	No
16	Have any photographs of the Applicant and the Deceased together been attached?		Yes	No
17	Has proof of financial support by either the Co-Habiting Partner or the Deceased to the other party been attached?		Yes	No

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.

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 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.

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AFFIDAVIT: CO-HABITING LIFE PARTNERSHIPS

DETAILS OF THE DECEASED

Pensioner Number	
First Names & Surname	
ID Number	

DETAILS OF THE PERSON MAKING THE AFFIDAVIT

First Names & Surname			
ID Number			
Relationship to the deceased			
Relationship to the life partner			
How long have you known the life partner?			
Residential address			
		Postal Code	
Home Phone number			
Cell phone number			
Email address			

Please attach a certified copy of your identity document.

I hereby testify to the following facts confirming the existence a life partnership between the deceased and _____(Name)

Use reverse or more paper if necessary.

Signature & Date

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		Age of applicant	
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						