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

## DETAILS OF THE DECEASED PENSIONER

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

## DETAILS OF THE PERSON REPORTING THE DEATH

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

## DEPENDANT INFORMATION

Is there a surviving Spouse or Spouses? If yes, how many spouses are there? ☐

Are there any surviving children under the age of 18, or if in full time education under 26, or who is either mentally or physically handicapped? If yes, how many such children are there? ☐

**If yes, please provide as much detail as possible on the separate page provide below.**

## REQUIRED DOCUMENTARY EVIDENCE

Please provide the following documents: ✓

1. Certified Copy of Death Certificate ---------- ☐
2. Certified Copy of ID/Passport ---------- ☐
3. Active Tax Number of deceased ---------- ☐
4. Certified Copy of Marriage Certificate (if applicable) ---------- ☐
5. Certified Copy/ies of Divorce Orders and Agreements (if applicable) ---------- ☐
6. Police report in the event where the pensioner died of unnatural causes (if applicable) ---------- ☐
7. Certified Copy of medical aid Membership Certificate (if applicable) ---------- ☐
8. Certified Copy of the deceased's last Will and Testament (if applicable) ---------- ☐
9. Certified Copies of previous spouse's Death Certificate/s (if applicable) ---------- ☐
10. Certified Copies of child/ren's Death Certificate/s (if applicable) ---------- ☐

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

**Please complete if you are aware of any spouse / spouses or children of the deceased. Provide as much detail as possible. Print more pages if required.**

## DETAILS OF SPOUSE

| | | | |
|---|---|---|---|
| First names & surname | | | |
| ID number | | Age of applicant | |
| Relationship to the deceased | | | |
| Date of Marriage | | | |
| 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 | | | | | | |