

CAPITAL ALLIANCE LIFE LIMITED

Reg. No.1969/008187/06
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CAPITAL ALLIANCE

Notification of member's death

DTHCLMFRM

Tick where applicable To be completed by both employer, management board trustee and member Block letters please

A. Member's details

1. Fund name _____
2. Employer _____
3. Member's surname _____
4. First names _____
5. ID number

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6. Membership number

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7. Payroll number

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8. Date of death

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9. Date of birth

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10. Month for which last contribution was paid _____
11. Member's monthly contribution prior to death R _____
12. Member's annual income at date of death R _____
13. Member's total contributions since last revision date R _____
14. Employer's total contributions since last revision date R _____
15. Was the member at work on the date that he/she first became eligible for membership? Yes No
 If not, state reason for absence _____
16. State if actively at work on date of death Yes No If not, state date when last at work and reason
 for subsequent absence _____
17. (a) Master of the Supreme Court's office to which estate was reported _____
 (b) Master's estate number

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 (This information is essential for the Department of Inland Revenue.)

B. Trustees' recommendation on the disposal of benefits N.B. Consult notes on reverse for guidelines regarding payment of benefits

1. Greater benefit payable from the fund's assets (if applicable, describe) _____

2. Lump sum benefits are to be paid to:

Name of beneficiary	Relationship to deceased	% of benefit	Address

3. Spouse's/children's pension payable to:

Name of spouse/child	Address

C. Housing loans

Has any portion of this benefit been pledged as security for a housing loan?

Yes No

If "Yes", please provide details _____

D. Payment details

We hereby authorise Capital Alliance to pay the benefit, as follows:

By electronic fund transfer into the beneficiary's banking account detailed below R _____

By cheque marked "not transferable" and "not negotiable" payable to the beneficiary R _____

To the employer where the deceased/beneficiary is indebted in respect of: (see note below)
(a) a housing loan, or R _____

(b) theft, dishonesty, fraud or misconduct by the member, or R _____

To a financial institution in respect of a guarantee provided in terms of the contract.
(Please provide supporting documentation which is satisfactory to Capital Alliance)

Name of financial institution _____

Bond account number _____ Guarantee amount R _____

To any other person or body entitled to the benefit in terms of the contract.

Payee _____ R _____

Reason _____

(Please provide supporting documentation which is satisfactory to Capital Alliance).

To an ex-spouse where there is a pension interest payable in terms of a court order as per the Divorce Amendment Act, 1989.
(See note below)

If applicable, please provide copy of court order.

Note 1: Payment to the employer is only permissible subject to:

(a) Supporting documentation in respect of a housing loan

(b) Certified copies of either the written admission of liability by the member or copy of court order.

Name of bank _____

Branch _____ Branch number/code

Account holder's name _____

Account number

Account type Savings account Cheque account Transmission account

Note 2: Should payment be required to more than one beneficiary, please provide the banking details of those beneficiaries separately, in the same format as above.

E. Supporting documents

(Supply copies with original certification)

(a) Original nomination of beneficiary form

(d) Proof of age of spouse

(g) Pensioner's tax form IRP2

(b) Death certificate

(e) Proof of age of children

(h) Form 'D'

(c) Proof of age of member

(f) Proof of marriage

(i) Supporting documentation required per D above

(j) Any other documentation as requested by Investec Employee Benefits Limited.

F. Authorisation and discharge

We hereby certify that the above information is true and correct in every detail, and Capital Alliance is hereby authorised to make a payment as stated above. We agree payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to Capital Alliance of its liability in terms of the rules of the fund.

Remarks _____

Fund's authorised signatory _____ Employer's stamp

Designation _____

Date

D	D	M	M	Y	Y	Y	Y
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Death benefits are payable in terms of Section 37C of the Pension Funds Act

1. If there is more than one dependant, payment must be made in the proportions as determined by the trustee's of the fund.
2. If there are dependants and the member has nominated persons (whether dependent or not) in terms of a nomination made after 30 June 1989, the trustees of the fund should decide on equitable proportions.
3. If there are no dependants and a nominee has been designated, the nominee will receive the benefit twelve months after the member's death.
4. If there are no dependants and no nominee, the benefits will be paid to the member's estate or the guardian's fund twelve months after the member's death.

Definition of "dependant"

"Dependant" in relation to a member means:

- (a) a person in respect of whom the member is legally liable for maintenance;
- (b) a person in respect of whom the member is not legally liable for maintenance, if such person was at the time of the member's death:
 - (i) in the opinion of the trustees of the fund in fact dependent on the member for maintenance; or
 - (ii) the spouse of the member, including a party to a customary union according to black law and custom or to a union recognised as a marriage under the tenets of any Asiatic religion; or
 - (iii) a child of the member, including a posthumous child, an adopted child and an illegitimate child;
- (c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

4 FINANCIAL DETAILS

4.1	Date of last contribution to the fund	
4.2	Amount of last contribution to the fund	R
4.3	Member's annual pensionable salary on the date of death	R
4.4	If the employer has a preferential claim against the benefit, the amount of and proof for such claim must be stated and proof attached	

5 DOCUMENTS REQUIRED

5.1	Member's marriage certificate	Two certified copies
5.2	Member's nomination form	Original
5.3	Proof of age of member	Two certified copies
5.4	Proof of age of dependants and/or nominees	Two certified copies of each
5.5	Member's death certificate	Two certified copies
5.6	Revenue Form D completed by the employer	Original
5.7	Revenue Form IRP2 completed by each person who qualifies to receive a spouse's or children's pension	Originals
5.8	The trustees' instruction for the payment of the benefit	Original

NB: Documents submitted must be either the original or certified copy by a commissioner of oaths.

If these documents are not fully available at time of completing this form, they may be submitted separately once they become available. Completion of this form should not be delayed if all the documents are not available

6 EMPLOYER'S CERTIFICATION

I hereby certify that the above information is correct
Date
Capacity
Full names
Signed on behalf of the employer



Absa Consultants and Actuaries

Absa Konsultante en Aktuarisse

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Consultants and Actuaries
Konsultante en Aktuarisse

To be completed by the member's employer in all cases where Form A is applicable, and submitted by the Trustee/Administrator/Insurer of the Fund in conjunction with Form A to the Receiver of Revenue concerned.

- 1. NAME OF EMPLOYER:
ADDRESS OF EMPLOYER:
EMPLOYEE'S SURNAME:
EMPLOYEE'S FIRST NAME:

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership of the Fund.

Table with 2 columns: YEAR, SALARY. Contains 5 rows for data entry.

Total R
=====

Average for the five years or lesser period if employee employed for lesser period R _____

3. To be completed on the DEATH of an employee: Twice the salary during 12 months immediately preceding death

R _____

NOTE: For the purpose of questions 2 and 3, "Salary" includes any amount received or receiveable annually under a contract of service as also cost of living allowance, commission, share of profits, etc., but not occasional bonuses or fees which were dependent on the whim of the directors or employer.

Certified correct to the best of my knowledge and belief.

Date

Manager/Secretary