

do hereby make an oath and say:

- (i) That the deceased was my (state relationship to deceased); _____
- (ii) That all the information given on this application form is true;
- (iii) That I authorise the Fund to deposit any benefits due into my PERSONAL banking account, the details of which are reflected on the BANK MANDATE appearing below.

ATTENTION: PAYMENTS WILL BE DEPOSITED ELECTRONICALLY INTO YOUR PERSONAL BANKING ACCOUNT AS REFLECTED ON THE BANK MANDATE BELOW.

Signature or Mark of Applicant

SIGNED AND SWORN/AFFIRMED BEFORE ME AT _____

this _____ day of _____ 20 _____

The deponent has acknowledged that he/she knows and understands the contents of this document.

Commissioner of Oaths

Commissioner of Oaths are available at any Police Station or Post Office or the Office of any attorney or Tribal Chief or Induna. Commissioner's stamp must be impressed on this form.

MANDATE FOR PAYMENT OF BENEFIT TO BANK
NO ALTERATIONS OR TIPPEX WILL BE ACCEPTED

A. DEPENDANT'S DETAILS

(1) Surname of Dependant																				
(2) Maiden Name																				
(3) First Name																				
(4) Identity Number (Identity Document to be produced)																				

B. DETAILS OF DEPENDANT'S ACCOUNT - To be verified by Bank official as correct and active/current.

(1) Name of Bank or Building Society																				
(2) Address of Bank/Building Society																				
	Postal Code																			
(3) Name of Branch																				
(4) *Branch Code* (To be supplied by Bank or Building Society)																				
(5) Account Number																				
(6) Type of Account																				

<p>..... SIGNATURE OF (ACCOUNT HOLDER) DATE</p>	<p>..... FULL NAMES OF BANK OFFICIAL <div style="border: 1px solid black; width: 100%; height: 30px; margin: 5px 0;"></div> SIGNATURE OF OFFICIAL AND STAMP OF BANK</p>
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NOTE WELL: ANNEXURES 'A' – 'G' MUST ACCOMPANY THIS APPLICATION FORM.

CERTIFICATE OF SERVICE – FROM LAST EMPLOYER IN METAL INDUSTRIES

State name and address of employer.
(To be imprinted with Firm's rubber stamp)

Company Ref No:

This is to certify that the particulars as mentioned hereunder are a true record of the employment with this Company of:

Employee name (in full): Works/Company No:

Identity No: Occupation:

Date of Engagement: Date of Discharge from Company Records:

Actual period of employment as contributor to MIBFA Fund: From to

Period of employment on Company's Pension/Provident Fund: From to

Reason for termination of employment: Please tick

* Death <input type="checkbox"/>	Retirement <input type="checkbox"/>	Medical Incapacitation <input type="checkbox"/>	Retrenchment <input type="checkbox"/>
Redundancy <input type="checkbox"/>	Resignation / Dismissal <input type="checkbox"/>	Contract Expired <input type="checkbox"/>	Other (ie absconded) <input type="checkbox"/>

"Remuneration" at date of termination of employment

WEEKLY PAID EMPLOYEE

R..... per week

MONTHLY PAID EMPLOYEE

R..... per month

"Remuneration" means the actual wages payable to the employee each week in respect of the ordinary hours worked by such employee in the shifts of the establishment concerned during such week including moneys payable in terms of any agreement or under any law, but excluding amounts paid in respect of overtime, shifts or other allowances and holiday leave bonuses.

Breakdown of the 6.6% contributions for last 3 months employment. Include contributions for any outstanding leave pay.

Shifts worked and contributions paid for the last three months worked prior to death (as per contribution return)	OPEN DATE	CLOSE DATE	SHIFTS WORKED	HOURLY / MONTHLY RATE	NO. OF HOURS	LEAVE PAY

DID THE DECEASED COMPLETE A BENEFICIARY NOMINATION FORM ? Y N

IF YES, PLEASE FORWARD A COPY THEREOF

** PLEASE SUPPLY COPIES OF MEDICAL CERTIFICATES IF MEMBER WAS OFF WORK PRIOR TO DEATH BECAUSE OF ILLNESS / INJURY ETC.*

.....
DATE

.....
FOR AND ON BEHALF OF EMPLOYER

PENSION AND PROVIDENT FUNDS - FORM 'D'

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 taxpayer's Receiver of Revenue.

Name of Employer : _____

Address of Employer : _____

1. Employee's Surname : _____

Employee's First Names : _____

Employee's Identity no. : _____

Employee's Tax no. : _____

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.

<u>Year</u>	<u>Salary</u>
20_____	R _____ p.a.
20_____	R _____ p.a.
20_____	R _____ p.a.
20_____	R _____ p.a.
20_____	R _____ p.a.
Total	R _____

Average for the 5 years or lesser period if employee employed for lesser period R_____.

3. **Twice the salary (Pension Fund) and thrice the salary (Provident Fund)** during 12 months immediately preceding death R_____.

Note: For the purpose of questions 2 and 3, "Salary" includes any amount received or receivable annually under a contract of service as also cost of living allowances, 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

DECEASED'S FULL NAME : _____ ID NO : _____

In terms of Section 37 (C) of the Pension Fund's Act, the following additional information is needed to assist in determining dependants and the distribution of the benefits:

1. Was the deceased previously married? YES NO . If YES, please supply the name and residential address of the ex-spouse/s and a copy/copies of either the Divorce Order/s or the ex-wife's Death Certificate/s if applicable.

 2. If deceased was divorced did he/she remarry after his/her divorce? YES NO . If YES, please supply the spouses' name and residential address if different to the spouse mentioned on page 1

 3. Were any children born out of wedlock? YES NO . If YES, supply details of the children's names, residential addresses and birth certificates. _____

 - 3.1 Name and residential address of children's guardians and guardian's relationship to deceased:

 4. Was the deceased required to pay any child maintenance? YES NO .
If YES, please supply a certified copy of the Maintenance / Divorce Order.
 5. Are any of the deceased's minor children being cared for by someone other than their mother? YES NO .
If YES, please arrange for guardian to complete Annexure 'D' where necessary and provide details of their names and residential addresses. _____

 6. Are there any major dependants listed on page 1 other than the widow, e.g. major child, mother, brother etc YES NO . If YES, please arrange for each to complete Annexure 'E' / 'F' and provide details of their names and residential addresses. _____

- Is there a Last Will and Testament? YES NO . If YES, supply a copy.
Has the deceased's Estate been registered? YES NO . If YES, supply name and address of Executor.

7. Is the Estate solvent? YES NO
 8. If member died as a result of illness / injury and was ill or unemployed at date of death, please supply copies of all medical certificates on hand.
 9. Did the deceased belong to a Trade Union? YES NO . Which one? _____
 10. If widow has remarried, please supply a copy of her current marriage certificate.
 11. If there is any further information that may assist the Trustees in making a fair distribution of the benefit please provide the details on Annexure 'G'.

SIGNATURE OF APPLICANT

DATE

NOTE WELL:

- (i) ALL AFFIDAVITS TO BE SIGNED BY A COMMISSIONER OF OATHS & BEAR HIS RUBBER STAMP
- (ii) NO ALTERATIONS OR TIPPEX ON ANY OF THE DOCUMENTS WILL BE PERMITTED
- (iii) IF NECESSARY COPIES MAY BE MADE OF ANY OF THESE FORMS

AFFIDAVIT

BY CUSTOMARY UNION/COMMON LAW WIFE

(To be completed if Customary Union Certificate unavailable or a common-law relationship existed)

I the undersigned (name), _____ Identity Number: _____
(Please attach copy of Identity Document)

Residential Address: _____
_____ Tel No. _____ Cell No. _____

state under oath that I was living with the deceased, name: _____

Identity Number: _____ as man and wife from _____ to _____

Number of children born from this Union: _____

NAME	AGE	DATE OF BIRTH

Did the deceased have any other relationships? YES NO

If Yes, state names and residential addresses of such persons: _____

Were any other children born out of the above-named relationships? YES NO

If Yes, state names and residential addresses: _____

Are you aware of any other dependants? YES NO

If Yes, state names, residential addresses and relationship to deceased: _____

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at (PLACE) _____ on this _____ day of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows and understands the contents of this affidavit.

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

NOTE : THIS AFFIDAVIT MUST BE SUPPORTED BY COMPLETED ANNEXURE 'C'.

* IF NECESSARY COPIES MAY BE MADE OF ANY OF THESE FORMS

AFFIDAVIT**PROOF OF CUSTOMARY UNION/COMMON LAW WIFE RELATIONSHIP**

NOTE WELL: This form must be completed by an **INDEPENDENT PARTY** i.e. a pastor, doctor or lawyer or a relative sharing the same surname as the deceased.. The **INDEPENDENT PARTY CANNOT** also sign as Commissioner of Oaths

I the undersigned, _____

Identity Number: _____ (state relationship to deceased): _____
(Please attach copy of Identity Document)

Residential Address: _____
_____ Tel No. _____ Cell No. _____

state under oath that I knew the deceased name: _____ Id No. _____

and reputed wife name: _____ during the time they

lived together as man and wife from: _____ to _____

Number of children born from this Union: _____

NAME	AGE	DATE OF BIRTH

Did the deceased have any other relationships? YES NO

If Yes, state names and residential addresses of such persons: _____

Were any other children born out of the above-named relationships? YES NO

If Yes, state names and residential addresses: _____

Are you aware of any other dependants? YES NO

If Yes, state names, residential addresses and relationship to deceased: _____

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at (PLACE) _____ on this _____ day
of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows
and understands the contents of this affidavit.

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

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AFFIDAVIT BY GUARDIAN
RE: CARING AND MAINTENANCE OF
MINOR CHILD/CHILDREN OF THE DECEASED

I the undersigned (name), _____

Identity Number: _____

(Please attach copy of Identity Document)

Residential Address: _____

_____ Tel No: _____ Cell No. _____

do hereby make an oath and say that:

1. The deceased (full names): _____

Identity No : _____ was my _____ (state relationship)

2. I further confirm that I am caring for and maintaining the deceased's minor child/children as listed below:

NAME	AGE	DATE OF BIRTH

3. **IF YOU ARE NOT THE CHILD/CHILDREN'S MOTHER DO YOU KNOW** the whereabouts of the **CHILD/CHILDREN'S MOTHER/S?**

YES NO

3.1 If **YES**, kindly provide details of the whereabouts of the mother/mothers and the reason why she/they is/are not caring for their child/children.

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at (place) _____ on this _____ day of

(MONTH) _____ (YEAR) _____, by the deponent who has acknowledged that he/she knows

and understands the contents of this affidavit.

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

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* IF NECESSARY, COPIES MAY BE MADE OF ANY OF THESE FORMS.

AFFIDAVIT BY DECEASED'S MAJOR DEPENDANT/CHILDREN

(For completion by major biological dependant children of the deceased).

I (full names) : _____ Identity Number: _____
(Please attach a copy of Identity Document)

Residential Address : _____
_____ Postal Code : _____

Tel No. (H) _____ Cell No. _____

do hereby make an oath and say that:

1. The deceased (full names) _____ I.D. No: _____
was my _____ (State relationship)

2. That I was dependant on the deceased at date of his death for the following :- (e.g. schooling, food, rent etc).
_____ R _____ pm
_____ R _____ pm
_____ R _____ pm
_____ R _____ pm
_____ R _____ pm
Total R _____ pm

3. At date of death I was employed at _____ (Tel no.) _____
at a salary/wage of R _____ per week/per month.

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

*Signed and sworn before me at (place) _____ on this _____ day
of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged that he/she knows
and understands the contents of this affidavit.*

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

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AFFIDAVIT :
OTHER MAJOR DEPENDANTS
(father, mother, brother, nephew etc.)

I (full names) : _____ Identity Number: _____
 Residential Address : _____
 Postal Code : _____ Tel. No. (H) _____ Cell No. _____
 (Please attach a copy of Identity Document)

do hereby make an oath and say that:

- The Deceased (full names) _____ I.D. No. _____
 was my _____
- That I was dependant on the deceased at date of his death for the following :- (e.g. schooling, food, rent etc).
 _____ R _____ pm
 _____ R _____ pm
 _____ R _____ pm
 _____ R _____ pm
 _____ R _____ pm

Total R _____ pm
- At date of death my pension/salary/income was R _____ per week / per month.

Are you aware of any other **dependants**, **wives** or **children**?

YES	NO
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If Yes state names and residential address :

NAMES	ADDRESS	RELATIONSHIP TO DECEASED

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

*Signed and sworn before me at (place) _____ on this _____ day
 of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged that he/she knows
 and understands the contents of this affidavit.*

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

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AFFIDAVIT

I, (NAME): _____

ID NO: _____
(Please attach copy of Identity Document)

Residential Address: _____

_____ Tel No: _____ Cell No. _____

do hereby make an oath and say that: the deceased (full names) _____

Id No: _____ was my _____ (state relationship)

I further state that :

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

*Signed and sworn before me at (place) _____ on this _____ day
of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged that he/she knows
and understands the contents of this affidavit.*

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

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DISPOSAL OF LUMP SUM DEATH BENEFITS:

In terms of Section 37 © of the Pension Funds Act, a member's dependants and persons who are not dependants but who are nominated by the member must be taken into account by the Trustees when they decide in what shares lump sum benefits are to be paid on the death of a member of a registered pension or provident fund.

The Fund shall within 12 months of the death of the member, endeavour to trace all dependants/nominees and shall pay benefits to same or all of such dependants/nominees in proportions as may be deemed equitable by the Trustees. In the absence of any dependants/nominees the benefit will be paid to the Estate.

Briefly, the position is as follows:

- (a) the following categories of persons will be dependants:
 - (i) persons for whose maintenance the member is legally liable;
 - (ii) persons whom the Trustees consider to have been dependant upon the member at the time of his/her death;
 - (iii) the spouse and children (both minor and major) of the deceased member; and
 - (iv) persons for whose maintenance the member would have become legally liable if he or she had not died (for example an unborn child);
- (b) if there are dependants and no nominees, payment must be made to - or for the benefit of - one, some, or all of those dependants in such proportions as the Trustees shall determine;
- (c) if there are no dependants but the member has nominated one or more persons who are not dependants to receive part or all of the benefit, then such nominees only receive payment of benefits after debts in the deceased estate have been paid, if the member's estate is insolvent;
- (d) if there are dependants and the member has nominated one or more persons who are not dependants to receive part or all of the benefit, the Trustees shall determine the proportion which is to be paid to each dependant and the proportion to each nominee (a nil proportion may be allocated);
- (e) only if there are no dependants, and then only to the extent that payment is not due to a nominee, shall any balance remaining be paid to the deceased member's estate, or, where appropriate, the Guardian's Fund;
- (f) Trustees have the right to pay to a trust for the benefit of a minor dependant or minor nominee or to pay the lump sum in the form of instalments over a period of time;
- (g) if there are both dependants and nominated beneficiaries, such nominations must have been made on or after 30 June 1989. Nominations made prior to that date are not valid.
- (h) lump sums can be paid in the form of instalments over a period of time to major dependants or nominees, if agreed in writing by the dependant or nominee.

- NOTES:**
- (i) any income tax payable will be deducted before lump sum benefits are allocated to dependants and nominees;
 - (ii) the fact that a person is classified as a dependant or nominee does not mean that the Trustees must award him or her any benefit from the fund;
 - (iii) an institution (e.g. an old-age home) can be chosen as a nominee;
 - (iv) the requirements set out above do not apply to pensions payable to spouses or dependants in terms of specific provisions of the rules: such pensions are payable as described in the rules;
 - (v) the requirements set out above do not apply to free-standing Group Life Assurance Funds;
 - (vi) prior to 19 April 1996 major children did not automatically qualify as dependants.