

MULTILECT

Integrity. Trust. Choice.

ANNEXURE “A”

DECEASED’S FULL NAME: _____

ID NUMBER: _____

In terms of Section 37 © 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? If YES, please supply the name and address of the ex-spouse/s and a copy/copies of either the Divorce Order/s or the ex-spouses’ Death Certificate/s if applicable.

2. If deceased was divorced did he/she remarry after his/her divorce. If YES, please supply the spouses’ name and address of different to the spouse mentioned in the “Expression of Wish” form.

3. Were any children born out of wedlock? If YES, supply details of the children’s names, addresses and birth certificates.

- 3.1 Name and address of children’s guardians and guardian’s relationship to the deceased:

4. Was the deceased required to pay child maintenance? If YES, please supply a certified copy of the Maintenance/Divorce Order.

5. Are any of the deceased’s children being cared for by someone other than their mother. If YES, please arrange for guardian to complete Annexures “D” and “F” where necessary and provide details of their names and addresses.

6. Are there any major dependants listed on the “Expression of Wish” form other than the widow, e.g. major child, mother, brother etc. If YES, please arrange for each to complete Annexures “E” and “F” where necessary and provide details of their names and addresses.

7. Is there a Last Will and Testament? If YES, supply a copy. _____

8. Has the deceased’s Estate been registered? If YES, supply name and address of Executor.

9. Is the Estate solvent? _____

10. If member died as a result of illness/injury and was off work at the date of death, please supply copies of all medical certificates on hand.

11. Did the deceased belong to a Trade Union? If YES, which one?

12. If widow has remarried, please supply a copy of her current marriage certificate.

13. If there is any further information that may assist the Trustees in distribution of the benefit, please provide the details.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau’s.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

SIGNATURE OF APPLICANT

DATE

NOTE: ALL AFFIDAVITS TO BE SIGNED BY A COMMISSIONER OF OATHS & BEAR HIS RUBBER STAMP

ANNEXURE “B”

AFFIDAVIT

**RE PROOF OF CUSTOMARY UNION/COMMON LAW
MARRIAGE**

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

I, the undersigned,

Name: _____

ID Number: _____

(Please attach a copy of ID Doc)

Address: _____

Tel No: _____

state under oath that I was living with the deceased,

Name: _____

ID Number: _____

as man and wife from _____ to _____

Number of children born out of the union:

NAME	AGE	DATE OF BIRTH

Did the deceased have any other relationships? If YES, state names and addresses of such persons:

Were any other children born out of the above-named relationship? If YES state the names and addresses:

Are you aware of any other dependants?, If YES, state names, addresses and relationship to deceased:

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a

complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

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 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

ANNEXURE “C”

AFFIDAVIT

**RE PROOF OF CUSTOMARY UNION/COMMON LAW
MARRIAGE**

(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,

Name: _____

ID Number: _____

(Please attach a copy of ID Doc)

State relationship to deceased: _____

Address: _____

Tel No: _____

state under oath that I knew the deceased,

Name: _____

ID Number: _____

and reputed wife/husband: _____

during the time they lived together as man and wife from _____

to _____.

Number of children born out of the union:

NAME	AGE	DATE OF BIRTH

Did the deceased have any other relationships? If YES, state names and addresses of such persons:

Were any other children born out of the above-named relationship? If YES state the names and addresses:

Are you aware of any other dependants?, If YES, state names, 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 binding on my conscience.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided

(voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws. You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

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

AFFIDAVIT

RE CARING AND MAINTENANCE OF CHILD/CHILDREN OF THE DECEASED

I, the undersigned,

Name: _____

ID Number: _____

(Please attach a copy of ID Doc)

Residing at: (address) _____

Tel No: _____

do hereby make an oath and say that:

1. The deceased (full names): _____

ID Number: _____

was my _____ (state relationship)

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

NAME	AGE	DATE OF BIRTH

3. If you are not the child/children's parent/s do you know the whereabouts
of the child/children's parent/s? If YES, kindly provide details of the
whereabouts of the parent and the reason why he/she/they is/are not caring
for the child/children.

Note: If the guardian is older than 65 years, an additional letter is required from either a social worker/welfare society/legal aid bureau or church confirming that guardian is capable of caring for 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 binding on my conscience.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a

complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

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
ANNEXURE "E"

AFFIDAVIT

BY MAJOR DEPENDANTS

I, (full names): _____

ID Number: _____
(Please attach a copy of ID Doc)

of: (full address) _____

Tel No: _____

do hereby make an oath and say that:

1. The deceased (full names): _____

ID Number: _____

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

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 binding on my conscience.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a

complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

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

AFFIDAVIT
OTHER DEPENDANTS

I, (full names): _____

ID Number: _____
(Please attach a copy of ID Doc)

of: (full address) _____

Tel No: _____

do hereby make an oath and say that:

1. The deceased (full names): _____

ID Number: _____

was my _____ (state relationship)

2. The following were dependant on the deceased at date of his/her death:

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED

3. Are you aware of any other dependants, spouses or children? If YES, state names and addresses:

NAME	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 binding on my conscience.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

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

AFFIDAVIT

I, (full names): _____

ID Number: _____
(Please attach a copy of ID Doc)

residing at:(full address) _____

Tel No: _____

do hereby make an oath and say that:

the deceased (full names): _____

ID Number: _____

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 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