



Death Benefits claim Questionnaire

(Family Member)

Policy Reference Number: _____ Deceased Full Names: _____

Deceased Identity Number: _____

Please Read The Following Information Carefully Before Completing The Form

The Debswana Pension Fund provides for retirement benefits to members of the Fund. In the event of a member’s demise, the retirement benefits that are due to the member are distributed by the board of Trustees to dependents and beneficiaries of the deceased as prescribed by the rules of the Fund.

Although the member may have nominated beneficiaries and dependents, the Board of Trustees is by Law (Pension and Provident Fund Act section 32) responsible to ensure that not only nominees but all potential dependants of the member are carefully considered to receive a portion of the benefits. For that reason we need more information about the dependants of the member.

In the sections below we provide you with a set of questions that you must complete. To assist the Board of Trustees in fairly distributing the member’s funds, they need the questions to be answered as fully as possible. The Board of Trustees will review all the information received. Incomplete information will delay the Board’s decision and the processing of the claim.

Duties of the Board of Trustees

One of the most important duties of the Board of Trustees is the distribution of death benefits upon the death of a member. These include but not limited to;

1. Identifying and tracing dependants and nominated beneficiaries of deceased members.
2. Making benefit allocations on a fair and equitable basis.
3. Distributing the benefits.

When making decisions the Board of Trustees will take several factors into consideration, including but not limited to:

1. The deceased’s nomination form.
2. The age of the dependants and beneficiaries.
3. The extent of the dependency for each dependant and beneficiaries upon the death of the member.
4. The relationship of the dependants and beneficiaries with the member.
5. The financial position of the dependants and beneficiaries.
6. The beneficiary’s current earning capacity

After the Board has made their decision, the fund will send out a letter to all dependents, beneficiaries and guardians with the decision about the distribution of the benefits.

Definition of a “dependent”

The Rules of the Fund defines a dependent as follows - "dependent", in relation to a member means –

- a. any 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 –
 - i. was, in the opinion of the Trustees, upon the death of the member in fact dependent on the member for maintenance;
 - ii. is the spouse of the member, including a party to a customary union according to tribal law and custom or a union recognized as a marriage under the tenets of (doctrine/creed) of any religion or
 - iii. is the child of the member, including a child born after the member’s death, an adopted child, a child born out of wedlock, or a step child.
- c. a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

Policy Reference number _____ Deceased full names and surname _____

Instructions to complete

1. A family member or other relative with personal knowledge of the member’s circumstances must complete the form.
2. Return all the pages to us.

Section A – Status of the deceased at the time of death

Marital status: Customary marriage Civil marriage Life Partner Widow/Widower Divorced Single

Identity number _____ Occupation _____ Name of employer _____

Address of employer _____ Contact number of employer _____

Please provide the details of any Insurance or Death Benefits Policies at companies other than DPF

Company name:	Policy number:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section B – Information about the member’s spouse or life partner

Complete this information by answering "Yes" or "No" to each question:			Section to be completed	Documents to attach to completed sections
Did the member have a	Yes	No		
<ul style="list-style-type: none"> • spouse, • civil spouse, • customary spouse or • life partner? 			If "Yes", complete Section B. Make copies if more than one applicable	Marriage certificate Statement of income and expenses and "Statement of assets and liabilities"
<ul style="list-style-type: none"> • Are there any children in this Marriage(s)/relationship(s)? • Are there any other children living in the household (not related to the deceased)? 			If "Yes", complete Section B I	Major children (older than 16 years) dependents or beneficiaries must provide identity documents Minors Children (under 16) should provide birth certificates Adoption papers (if applicable)
Did the deceased have pre-deceased spouse(s)?			If "Yes", complete Section C.	Death certificate
Was the deceased divorced?			If "Yes", complete Section C.	Divorce order Settlement agreement
Were there any children from previous marriage(s)?			If "Yes", complete Section C.	Major children (older than 16 years) dependents or beneficiaries must provide identity documents Minors Children (under 16) should provide birth certificates Adoption papers (if applicable)
Did the deceased have any other children born out of wedlock not mentioned in Section B or C? or Did the deceased have any other financial dependents or beneficiaries?			If "Yes", complete Section D.	Major children (older than 16 years) dependents or beneficiaries must provide identity documents Minors Children (under 16) should provide birth certificates Adoption papers (if applicable)

This section was completed by: (Full names and surname) _____

Policy number _____ Deceased (full names and surname) _____

Section B – Information about the member’s spouse or life partner

If more than one spouse/life partner, please make copies of this page.

Full names and Surname _____ Identity number _____

If there is no identity number Passport number _____ Country of issue _____

Passport expire date Relationship with the deceased Spouse Civil Customary Life partner

Date married (please attached marriage certificate)

Did this person live with the deceased at time of death? Yes No

If "No", since when did they not live together? If "Yes" – from date

until date Reasons for not living together if any _____

Home address _____ Postal address _____

Work contact number _____ Fax number _____ Home contact number _____

Cell phone number _____ E-mail address _____

Bank details for payment *(please attach copy of bank statement)*

Bank name _____ Branch name _____

Account number _____ Branch code _____

Type of account Current (cheque) Savings Transmission

Section BI - Information about the children part of this household

Please complete the names of the

- children born out of this marriage/relationship (deceased's own child),
- children of deceased but not of spouse/life partner but part of this household (deceased's own child),
- children of spouse/life partner but not of deceased but part of this household (deceased's step child), and/or
- adopted children

Full name(s) and surname	Identity number / Date of birth	Relationship to deceased (own child, step-child or adopted)?	Financially dependent Yes/No? If "No", mention monthly income	If minor child, in whose care is the child at present?	Does this child have a permanent disability (physical, Mental etc) Answer Yes or No. If Yes enclose a medical report of the condition	If major children are they employed	
						YES	NO

This section was completed by: (Full names and surname) _____

Policy Reference number _____

Deceased (full names and surname) _____

Section C – Information about the member’s previous spouse(s)

If more than one previous spouse, please make copies of this page.

Please attach a copy of the following (this is compulsory):

- If divorced - Divorce order with Settlement agreement
- If pre-deceased - Death certificate

Full names and Surname _____

Identity number _____ If no identity number: Passport number _____

Country of issue _____ Passport expiry date DDMMYYYY _____

Date married DDMMYYYY _____ Date divorced DDMMYYYY _____ Did you receive maintenance for yourself? Yes No

Maintenance amount P _____ Remarried? Yes No Monthly income (all sources) P _____

Did this person live with the deceased at time of death? Yes No If "No", since when did they not live together? DDMMYYYY _____

If "Yes" – from date DDMMYYYY _____ until date DDMMYYYY _____

Reasons for not living together if any _____

Home address _____

Postal address _____

Work contact number _____ Fax number _____ Home contact number _____

Cell phone number _____ E-mail address _____

Bank details for payment (please attach copy of bank statement)

Bank name _____ Branch name _____

Account number _____ Branch code _____

Type of account Current (cheque) Savings Transmission

Section CI - Information about the children (from relationship with previous spouse / partner(s))

Please complete the names of the

- Children born out of this previous marriage / partnership, or
- Adopted children

Full name(s) and surname	Identity number	Date of birth	Relationship to deceased (own child, step-child or adopted)?	Financially dependent Yes/No? If "No", mention monthly income	If minor child, in whose care is the child at present?	Does this child have a permanent disability (physical, Mental etc) Answer Yes or No. If Yes enclose a medical report of the condition	If major children are they employed	
							YES/NO	YES NO

Section C2: List of close relatives - This section will be considered if the deceased did not have any immediate family, spouse, partner, children. Please list surviving parents and siblings that were either dependent on him/her or included in his will. It is also necessary to provide the Trustees with further background information on the life of the deceased member.

Full name(s) and surname	Identity number	Date of birth	Relationship to deceased (own child, step-child or adopted)?	Financially dependent Yes/No? If "No", mention monthly income	If minor child, in whose care is the child at present?	Does this child have a permanent disability (physical, Mental etc) Answer Yes or No. If Yes enclose a medical report of the condition		If major children are they employed YES/NO	
						YES	NO	YES	NO

This section was completed by: (Full names and surname) _____

Policy Reference number _____

Deceased (full names and surname) _____

Section D – Information about any other parties financially dependent on deceased (including children of deceased not mentioned at Section B or Section C)

Please attach any documents that may prove financial dependency covering a period of not less than six months e.g. bank statements, maintenance order etc for the person's whose details are completed here. If more than two financial dependent, make copies of this page. Enclose medical reports if any of the dependents have a permanent disability.

Dependent I

Full names and Surname _____

Identity number _____ If no identity number: Passport number _____

Country of issue _____ Passport expiry date

Home address _____

Work contact number _____ Fax number _____ Home contact number _____

Cell phone number _____ E-mail address _____

Occupation _____ Relationship to deceased _____

Living with deceased? Yes No Financially dependent? Yes No

How was the person dependent on the deceased?

If dependent a child born out of wedlock mention child's own mother and father.

Mother (name and surname) _____ Identity number _____ Contact number _____

Father (name and surname) _____ Identity number _____ Contact number _____

If minor, in whose child _____

care is the child at present? _____

Bank details

Name of caretaker _____ Identity number _____ Contact number _____

Bank name _____ Branch name _____

Account number _____ Branch code _____

Type of account Current (cheque) Savings Transmission

Dependent 2

Full names and Surname _____

Identity number _____ If no identity number: Passport number _____

Country of issue _____ Passport expiry date (D | D | M | M | Y | Y | Y | Y)

Home address _____

Work contact number _____ Fax number _____ Home contact number _____

Cell phone number _____ E-mail address _____

Occupation _____ Relationship to deceased _____

Living with deceased? Yes No Financially dependent? Yes No

How was the person dependent on the deceased?

If dependent a child born out of wedlock mention child's own mother and father.

Mother (name and surname) _____ Identity number _____ Contact number _____

Father (name and surname) _____ Identity number _____ Contact number _____

If minor, in whose child _____

care is the child at present? _____

Bank details

Name of caretaker _____ Identity number _____ Contact number _____

Bank name _____ Branch name _____

Account number _____ Branch code _____

Type of account Current (cheque) Savings Transmission

Dependent 3

Full names and Surname _____

Identity number _____ If no identity number: Passport number _____

Country of issue _____ Passport expiry date (D | D | M | M | Y | Y | Y | Y)

Home address _____

Work contact number _____ Fax number _____ Home contact number _____

Cell phone number _____ E-mail address _____

Occupation _____ Relationship to deceased _____

Living with deceased? Yes No Financially dependent? Yes No

How was the person dependent on the deceased?

If dependent a child born out of wedlock mention child's own mother and father.

Mother (name and surname) _____ Identity number _____ Contact number _____

Father (name and surname) _____ Identity number _____ Contact number _____

If minor, in whose child _____

care is the child at present? _____

Bank details

Name of caretaker _____ Identity number _____ Contact number _____

Bank name _____ Branch name _____

Account number _____ Branch code _____

Type of account Current (cheque) Savings Transmission

Dependent 4

Full names and Surname _____

Identity number _____ If no identity number: Passport number _____

Country of issue _____ Passport expiry date D | D | M | M | Y | Y | Y | Y

Home address _____

Work contact number _____ Fax number _____ Home contact number _____

Cell phone number _____ E-mail address _____

Occupation _____ Relationship to deceased _____

Living with deceased? Yes No Financially dependent? Yes No

How was the person dependent on the deceased?

If dependent a child born out of wedlock mention child's own mother and father.

Mother (name and surname) _____ Identity number _____ Contact number _____

Father (name and surname) _____ Identity number _____ Contact number _____

If minor, in whose child _____

care is the child at present? _____

Bank details

Name of caretaker _____ Identity number _____ Contact number _____

Bank name _____ Branch name _____

Account number _____ Branch code _____

Type of account Current (cheque) Savings Transmission

Policy Reference number _____

Deceased (full names and surname) _____

Section E – Declaration by person completing this form (For section A-D) (complete in presence of Commissioner of Oaths)

I declare that:

- I have completed this form.
- I understand the information in this document.
- The information is correct and truthful.

Full names and surname _____

Identity number _____ My relationship with the deceased _____

Signature _____

Date: (dd/mm/ccyy) _____ Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on (dd/mm/ccyy) _____ Place _____



Official stamp of Commissioner of Oaths

Policy Reference number _____

Deceased (full names and surname) _____

Section F: Addendums

FI, Statement of income and expenses

Please make copies of this document, complete and attach it for each person (excluding minors) listed on the Details of Dependents and beneficiaries form. Submit this document with the following:

- Bank statement
- Salary advice (pay sheet of the person on this document)
- Statement of assets and liabilities document.

The Fund is not allowed to disclose the information on this document to any third party. For the trustees of the fund to decide to whom the proceeds must be paid, please complete the following as fully as possible.

Personal details	Own	Spouse
Full names and surname: _____	_____	_____
Identity number _____	_____	_____

Employer details	Own	Spouse
Employer name _____	_____	_____
Employer address _____	_____	_____
contact number _____	_____	_____
Employee number _____	_____	_____

A. Gross income (list monthly gross income from all sources before tax and deductions)	Spouse (P)
_____	_____
_____	_____
Total gross monthly income _____	_____

B. Expenses (list monthly expenses)	Own (P)	Spouse(P)
1. Basic needs _____	_____	_____
1.1 Accommodation (including electricity and water) _____	_____	_____

2. Educational needs (all levels)

2.1 Accommodation _____	_____	_____
2.2 Transport _____	_____	_____
2.3 Tuition fees _____	_____	_____
2.4 School wear, etc. _____	_____	_____

3 Other expenses

3.1 Maintenance responsibilities		
3.2 Hire purchase/Loan/Credit card installments		
3.3 Insurance premiums payable		

Total monthly expenses _____

Policy number: _____

Deceased (full names and surname) _____

Declaration by person completing this form (Section F1) (complete in presence of Commissioner of Oaths)

I declare that:

- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct and truthful.

Full names and surname _____

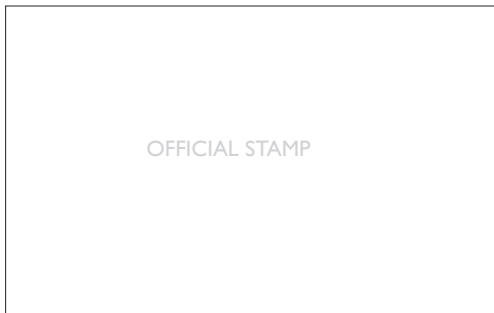
Identity number _____ My relationship with the deceased _____

Signature _____

Date: (dd/mm/ccyy) _____ Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on (dd/mm/ccyy) _____ Place _____



Official stamp of Commissioner of Oaths

Policy Reference number _____

Deceased (full names and surname) _____

F2, Statement of assets and liabilities

Please make copies of this document, complete and attach it for each person (excluding minors) listed on the Details of Dependents and beneficiaries form.
Submit this document and the Statement of income and expenses document.

The Fund is not allowed to disclose the information on this document to any third party. For the trustees of the fund to decide to whom the proceeds must be paid, please complete the following as fully as possible.

Details of potential dependent or beneficiary

Full name and surname _____

Identity number _____

A. List all assets (for example property, investments, shares, policies)

Description of asset	Realistic market value of asset (P)	Amount still owed on asset (P)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

B. List all liabilities (for example loans, credit card debt, hire purchase, bond)

Description of liability	Amount still owed (P)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

	Yes	No	Amount due (P)
Will you get any or have gotten other death benefits from other retirement funds?	_____	_____	_____
Will you receive or have received any benefit from insurance policies from any other company on the life of the deceased?	_____	_____	_____
Will you inherit or have inherited any other money or assets from the deceased?	_____	_____	_____

Declaration by person completing this form (For section F2) (complete in presence of Commissioner of Oaths)

I declare that:

I have completed this page or someone has completed it for me with my approval. I understand the information in this document.

- The information on this page is correct and truthful.

Full names and surname _____

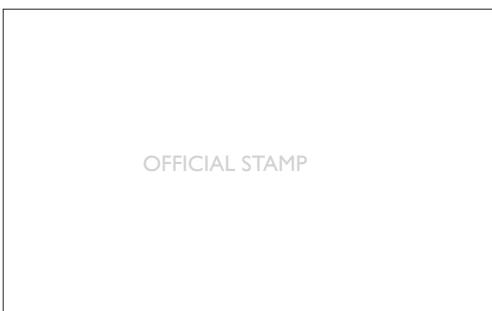
Identity number _____ My relationship with the deceased _____

Signature _____

Date: (dd/mm/ccyy) _____ Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on (dd/mm/ccyy) _____ Place _____



Official stamp of Commissioner of Oaths

F3, Legal dependents that wish to forfeit their right to claim fund benefits

(complete this page only if you do not want any money from this annuity/fund)

Important:

- Any adult, potentially dependent person who wishes to give up their right to claim any benefits from the above-mentioned fund(s) must sign this document and return it to us, together with the fully completed Details of Dependents form.
- Make a copy of this page for every potentially dependent person who wishes to forfeit their rights to claim benefits.

Declaration by person completing this form (For F3) (complete in presence of Commissioner of Oaths)

I declare that:

- I give up my right to claim for any benefits in terms of the above-mentioned fund.
- I have completed this page or someone has completed it for me with my approval.
- I understand the information in this document.
- The information on this page is correct and truthful.

Full names and surname _____

Identity number _____ My relationship with the Deceased _____

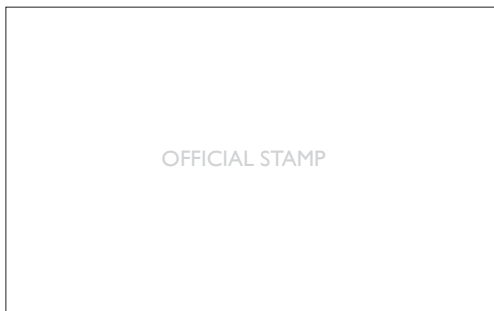
Please state your reasons for forfeiting the benefit claim

Signature _____

Date: (dd/mm/ccyy) _____ Place _____

I certify that the deponent has acknowledged that he/she understands the contents of the declaration.

Sworn/affirmed before me on (dd/mm/ccyy) _____ Place _____



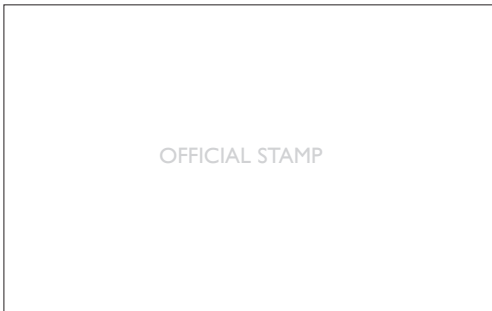
Official stamp of Commissioner of Oaths

Section G - Declaration of all respondents and family witnesses

I declare that I have participated in the responses made in this form. I have made full disclosures about the life of the deceased to the best of my knowledge and have not misrepresented or withheld any information that could influence the final outcome of the claim. I understand that such action if found deliberate may result in legal action being taken against me.

Full name(s) and surname	Identity number	Date of birth	Relationship to deceased	Nature of participation		Date	Signature
				Respondent	Witness		

Sworn/affirmed before me on (dd/mm/ccyy) _____ Place _____



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