

**HBSI PENSION FUND - FRONT OFFICE**

Postnet Suite 510  
Private Bag X1  
Die Wilgers  
0041

Unit B3, The Willows Office Park, 559 Farm Road,  
Die Wilgers, 0041  
(Behind Toyota Dealer, entrance in Simon  
Vermooten Road)

TEL: 086 1114 662

E-MAIL: [hbspension@prevue.co.za](mailto:hbspension@prevue.co.za)

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Dear Sir / Madam

Please find attached a Death Claim Form/s for your attention.

**Please attach the following documents to the completed form:**

1. **Certified** copy of Death Certificate.
2. **Certified** copy of Identity Document of deceased.
3. Copy of Divorce order (If applicable)
4. Copy of Marriage Certificate (If applicable)
5. Copy of payslip as at date of death.
6. **Certified** copy of Identity document of beneficiaries (If minor, **certified** copy of school certificate and **certified** birth certificate)
7. Proof of bank details of beneficiaries/nominee (personal bank statement/confirmation letter)
8. **NB.** Tax Ref Number must be completed irrespective of income. Please contact **SARS** on 0800 007277.
9. BI -1663 form (Notification of death)

**Forms to be completed:**

Verso Fund Administration Form -Benefit claim form

Verso Fund Administration Form - Disposal of Death benefits

Verso Death Claim Financial Needs Analysis (to be completed by **all** major beneficiaries/nominees/guardians)

Police Report for assessment of death claim (to be completed for unnatural deaths)

Affidavit/s (to be completed by **all** major beneficiaries/nominees/guardians)

Hollard - Death benefit claim form (only when the death benefit is applicable)

You can email the completed claim forms with all required documents to [hbspension@prevue.co.za](mailto:hbspension@prevue.co.za)

Please make sure the pages are clear and readable.

**(No Pictures or Links will be allowed, only scanned PDF documents)**

If you have any questions, please contact us.

Kind regards,

**National HBSI Pension Fund**

**Tel no: +27 86 111 4662**

**Cell : +27 72 858 9786**

**Email : [hbspension@prevue.co.za](mailto:hbspension@prevue.co.za)**

## NOTIFICATION OF DEATH - EMPLOYER

**Fund name**

**Participating Employer**

### Deceased Member Details

Member number  Employee number

Name/s & Surname

Identity number  Date of Birth

Passport number  Country of issue

Gender  Male  Female  Other

Residential Address

Postal Address

Date of Death

Tax number

Was the employee still employed at time of death?

Yes  No

Last day the employee was actively at work

### Divorce Orders

Are you aware of any Divorce Order issued by the High Court/Court of Appeal against the deceased's pension benefit in favour of a former spouse?

Yes  No

If applicable, attach the original certified copy of the completed divorce decree (if not already provided to the Fund). This Order must bind the Fund in accordance with section 7(8) of the Divorce Amendment Act 1989. Please provide full contact details of the former spouse so that the benefit payment can be made by the Fund.

### Contribution Details

Final Month in which contribution was made

Amount of final contribution  R  Member

R  Employer

### Prior Claim

Is there a prior claim in respect of section 37D of the Pension Funds Act?  Yes  No

*If yes, please provide proof of the claim and employer banking details.*

Housing loan guarantee by the fund to the bank:  R

(Fund's home loan facility):

Compensation for damage caused by the employee\*:  R

\*Where "Compensation for damage caused by the employee" applies, the employee and employer are required to complete the 'Acknowledgement of Liability and Agreement to Pay' form which is available for download from the website.

**Declaration by employer**

I, the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Name/s & Surname	<input type="text"/>		
Designation	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
<div>Official Company Stamp</div>			

**Supporting Documents Requirements**

Original certified copies of the following documents:

- Death Certificate (BI-5 of BI-20)
- Inquest form (BI-1663 & BI-1680)
- Copy of deceased's identification documents. If it is smart identification, both sides must be copied and certified.

**Note:** Verso Benefits Administrator (Pty) Ltd is committed to protecting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (POPIA). We will use all reasonable efforts to ensure that any personal information is processed in a secure manner and for the purpose for which it is intended. Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy (POPIA) statement.

## DISPOSAL OF DEATH BENEFITS

**Fund name**

**Participating Employer**

### Member's Personal Details

Member number  Employee number

Names & Surname

Identity number  Date of Birth

Passport number  Country of issue

Address

Date of death  Cause of death

Date Employer notified of death

### Details of Dependants

**Spouse(s)** - Complete only one person's information per page and make copies of this page if needed. Attach a copy of the marriage certificate if applicable.

Name/s & Surname

Identity number  Date of Birth

Passport number  Country of issue

Address

Email address  Contact number

Date married  Date of living together

Type of Marriage: ☐ Civil ☐ Customary ☐ Life Partner ☐ Other:

How was this person dependent on the deceased?

Did they live with the member at time of death? ☐ YES ☐ NO Does the spouse currently stay on their own? ☐ YES ☐ NO

Is accommodation owned or rented?

Who is residing with the spouse?

Name of spouse's employer  Monthly Income

**Previous Spouse** - Make copies of this page if more previous spouses. (Please attach a copy of the final divorce order and settlement agreement.)

Name/s & Surname

Identity number  Date of Birth

Passport number  Country of issue

Address

Email address  Contact number

Date married  Date of living together

Date divorced

Type of Marriage: ☐ Civil ☐ Customary ☐ Life Partner ☐ Other:

Did they live with the member at time of death? ☐ YES ☐ NO Is this ex-spouse re-married? ☐ YES ☐ NO

Maintenance Order/Agreement or Voluntarily  Maintenance Amount

Please provide proof of the maintenance

Name of spouse's employer  Monthly Income

**Details of Dependants (continue)****Minor Child** - Make copies of this page if more than one minor child. (School report / education results to be attached & if applicable adoption papers.)

Name/s & Surname					
Identity number				Date of Birth	
Passport number				Country of issue	
Relationship to deceased:	Biological child	Adopted	Stepchild	Foster child	Other:
Name of Guardian				Relationship to Guardian	
Address of Guardian					
Email address of guardian				Contact number of Guardian	
School / tertiary education				Grade	
Level of dependency					
Full time / part time study				Did the child live with the deceased at time of death?	YES NO
Is the child receiving social grant/pension (specify)					

**Major Child** - Make copies of this page if more than one major child. (Proof of Tertiary institute / 3 months bank statement must be attached)

Name/s & Surname					
Identity number				Date of Birth	
Passport number				Country of issue	
Relationship to deceased:	Biological child	Adopted	Stepchild	Foster child	Other:
Address					
Email address				Contact number	
Highest education qualification				Study full/part time	
Were they dependent on the deceased (specify)					
Occupation				Did the child live with the deceased at time of death?	YES NO
Marriage status				Date married	
Earning potential				Is the child receiving social grant	YES NO

**Other Dependants** - Complete only one person's information per page and make copies of this page if needed.

Name/s & Surname					
Identity number				Date of Birth	
Passport number				Country of issue	
Relationship to deceased (specify)					
Address					
Email address				Contact number	
How were they dependent on the deceased (specify)					
Occupation				Did this person live with the deceased at time of death?	YES NO
Marriage status				Date married	
Earning potential				Is the person receiving a social grant?	YES NO

### Nomination Form/s

Please send all completed nomination Forms

### Family's Financial Details / Social Circumstances


### Details of Benefits paid by another Fund/Policy

Name of Financial Institution	Beneficiary	Benefit Payable

### Supporting Documents Required

Death (Original certified copies of the following documents)

- Death Certificate (BI-5 of BI-20)
- Copy of deceased's identification documents. If it is smart identification, both sides must be copied and certified.
- Inquest form (BI-1663 & BI-1680)
- Spouse's Identity Documents. If it is smart identification, both sides must be copied and certified.
- Marriage certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form
- Proof of Banking Details, tax numbers and Addresses of Dependants/Beneficiaries
- Disposal of Death Benefits Form (form supplied by Verso)

**Declaration by employer / Social Worker**

I, the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct, and that the options in terms of the Rules of the Fund and legislation have been fully explained to the member's potential beneficiaries.

Name/s & Surname

Designation

Signature  Date



**Please Note:** Verso reserves the right to request any additional documentation it deems necessary to verify the claim. If sufficient proof of death has not been submitted, this may lead to delays in the payment of the claim.

**Note:** Verso Benefits Administrator (Pty) Ltd is committed to protecting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (POPIA). We will use all reasonable efforts to ensure that any personal information is processed in a secure manner and for the purpose for which it is intended.  
Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy (POPIA) statement.

## DEATH CLAIM FINANCIAL NEEDS ANALYSIS

**Note:** This analysis will be used as a guide to determine circumstances and what critical needs are.

<b>Fund name</b>	
<b>Participating Employer</b>	

### Details of Deceased

Member number		Employee number	
Name/s & Surname			
Identity number		Date of Birth	
Passport number		Country of issue	

### Personal Details of Person completing this Form

Name/s & Surname			
Identity number		Date of Birth	
Passport number		Country of issue	
Address			
Email address		Contact number	
Relationship to Deceased			

### Employment Details

Are you employed?		Please indicate your monthly net earnings	
<input type="checkbox"/> Yes		<input type="checkbox"/> R50 – R1000	
<input type="checkbox"/> Unemployed		<input type="checkbox"/> R1 001 – R5 000	
<input type="checkbox"/> Other		<input type="checkbox"/> R5 001 – R10 000	
<input type="checkbox"/> Pensioner		<input type="checkbox"/> R10 001 – R20 000	
		<input type="checkbox"/> Greater than R20 001	
Occupation		How long have you been employed	
Were you supported by the deceased?	YES	NO	
If 'YES', please state the rand amount/the type of support and frequency			
Are you receiving social grant/pension ( <i>specify</i> )			



## Expenditure Details

Do you own any investments e.g. retirement annuities, unit trusts or shares?

YES

NO

If 'YES', please state the type of investment

Do you have a financial advisor?

YES

NO

If 'YES', please provide details of your financial advisor

Financial Advisor

Email address

Contact number

If you are allocated a benefit, what do you intend to do with the benefit?

Do you have a bank account?

YES

NO

If 'YES', please provide copies of bank statements for three consecutive months

Have you ever had a judgment against you for non-payment of debt?

YES

NO

If 'YES', please provide details

Have you ever been declared insolvent or been placed under an administration order?

YES

NO

If 'YES', please provide details

What is the largest sum of money you have ever dealt with?

Do you own or rent your residence

Own

Rent

If you 'OWN' your residence, what is the amount you owe on the bond?

Has the bond or will the bond be settled by a separate policy due to the death of the deceased?

YES

NO

**Guardian / Dependant/s Personal Expenditure (Estimated)**

Income (Net Income)	
Income per month	R
Maintenance / Support	R
Social Grants	R
Other Income (i.e. spouse's or other household income) per month	R
<b>Total</b>	<b>R</b>

Monthly Expenses	
Bond / Rent	R
Transport	R
Rates, Water & Electricity	R
School & Education	R
Food & Household	R
Entertainment	R
Insurance	R
Hire Purchase / Clothing Accounts	R
Maintenance	R
Savings	R
Garnishee Orders	R
Other Expenses (provide details) _____	R
<b>Total Monthly Expenses</b>	<b>R</b>

**Declaration**

I hereby declare that the details provided herein are true and correct.

Name/s & Surname			
Place			
Signature		Date	
Witness			

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.

The completed form together with supporting documents are to be emailed to [verso-deathclaims@verso.co.za](mailto:verso-deathclaims@verso.co.za)

**Note:** Verso Benefits Administrator (Pty) Ltd is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfil its obligations under the Act. Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy (POPIA) statement.

## POLICE REPORT FOR ASSESSMENT OF DEATH CLAIM

To be completed by the Investigating Officer and will be considered Strictly Confidential

Police Station where the death was reported

Case reference number

### Deceased Details

Name/s & Surname

Identity number

Date of Birth

Passport number

Country of issue

### Details of Death

Date of death

Time of death

Place of death

Please indicate circumstances of death

☐

Assault

☐

MVA

☐

Driver

☐

Murder

☐

Suicide / Self-Inflicted

☐

Unknown - Still being investigated

Please provide details / circumstances of death

Please indicate the main suspect's name and surname in every case, along with whether or not they are a family member.

Was a Post Mortem held? *(if available please provide a copy)*

☐

Yes

☐

No

If 'YES' please provide details i.e. results/reference etc.

**Authorisation**

Name/s & Surname of  
Investigating Officer

Position/Rank

Email address

Contact number

Address of Business /  
Police Station

Signature

**Official Stamp**

## AFFIDAVIT FOR ASSESSMENT OF A DEATH CLAIM

<b>Fund name</b>	<input type="text"/>
<b>Participating Employer</b>	<input type="text"/>

### Deceased Details

Member number	<input type="text"/>	Employee number	<input type="text"/>
Names & Surname	<input type="text"/>		
Identity number	<input type="text"/>	Date of Birth	<input type="text"/>
Passport number	<input type="text"/>	Country of issue	<input type="text"/>
Date of death	<input type="text"/>	Cause of death	<input type="text"/>

### Background

The trustees of a retirement fund have a legal duty to allocate the death benefit of a deceased member in terms of Section 37C of the Pension Funds Act.

Verification of the deceased's personal circumstances are required. Your assistance is very important to enable the Trustees to distribute the death benefits fairly and equitably.

Please note the following when you complete this affidavit (which must be completed in front of a Commissioner of Oaths – generally found at your local SAPS):

- 1 Answer the questions as fully as possible. If there is not enough space on the form, write your answer on another page and attach it to this form.
- 2 When possible - add supporting documents that validates what you wrote. This can include bank statements, birth or marriage certificates, divorce, or maintenance orders, etc.
- 3 Regarding the question on types of financial dependency, these are as follows:
  - a Partial dependency: Although the deceased provided for your needs by giving you money or any other form of financial assistance, you had other sources of support. (Other than that, provided by the deceased).
  - b Fully dependent: You had no other sources of support, and the deceased was the sole person who provided you with money or any other form of financial assistance.
  - c The dependency advised to the Trustees on this affidavit should be the circumstances at the date of death.
- 4 Please note that a minor child is one that is not yet aged 18. A major child is aged 18 or older (an adult).
- 5 You are required to confirm the accuracy of what you write by oath. If you write something that is untrue, there may be repercussions.
- 6 The completed form together with supporting documents are to be emailed to info@verso.co.za.

### Details of the Deponent

Name/s & Surname			
Identity number		Date of Birth	
Passport number		Country of issue	

### I, the undersigned hereby declare as follows

- 1 What was your relationship to the deceased? How long was the relationship?


- 2 Did you permanently live with the deceased when he or she died? (If yes, from what date did you permanently live with the deceased?)


- 3 Please list the names of all the people and their relationship to deceased who permanently lived with him/her at time of death (adults and children).

Name/s & Surname	Relationship to deceased	From which date

- 4 Was the deceased in a relationship at the date of death? (if yes, provide the person's name and details).

Name/s & Surname	Identity number	Contact number

- 5 Did the deceased have any biological children? (if yes, provide the child/ren names. (This is for adult and minor biological children).

Name/s & Surname	Identity number	Contact number

6 Please provide the names of the biological parents of the biological child/ren.

Name/s & Surname of Child/ren	Name/s & Surname of Mother	Name/s & Surname of Father

7 Are you aware if the deceased had an unborn child/ren at time of death.

Name/s & Surname of Child/ren	Name/s & Surname of Mother	Name/s & Surname of Father

8 Who are the child/ren current caregiver/s? (i.e. who is responsible for and looking after the child/ren).

Name/s & Surname of Child/ren	Name/s & Surname of Caregiver	Contact number

9 Does anyone mentioned in this affidavit suffer from a mental or physical disability?

Name/s & Surname	Description of Disability	Receiving Grant (yes or no)

- 10 At the time of death, did the deceased pay maintenance or provide financial support for any child/ren or other person/s? (If yes, list the names, the type and amount of support that was provided, and the frequency of support).

Name/s & Surname	Description & Frequency of Support	Amount

- 11 Were there any parents or parents-in-law of the deceased that he/she supported financially at date of death? (If yes, list the names, the type and amount of support that was provided, and the frequency of support).

Name/s & Surname	Description & Frequency of Support	Amount

- 12 At the time of the deceased's death, were you reliant on them financially? (If yes, describe the degree of dependency (partially or fully dependent), the type, amount, and frequency of the support. Please provide proof if you have any.

Description of Support	Frequency of Support	Amount

- 13 Are you employed? (if yes, provide your employer's details, your occupation, salary received, frequency of salary and a copy of your latest payslip).

Employer's Details	Occupation	Salary Amount	Frequency

- 14 Do you receive a state grant or pension? (if yes, provide the amount and the type of grant)

--

- 15 What is your marital status? (i.e. single, divorced, married, widowed etc)

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16 What is your highest grade or qualification

--

17 Did the deceased have a will? (if yes, please provide the name and contact number where a copy of the will can be obtained)

--

18 Did anyone receive an insurance payout or death benefit due to the death of the deceased? (if yes, please provide details)

Name of Financial Institution	Beneficiary	Amount

19 Did anyone inherit from the estate of the deceased? (if yes, please provide details)

Name/s & Surname	Description of Inheritance	Value of Inheritance

20 Are there any other details you would like to disclose that is not covered in this document


Please submit proof of your bank account (3 consecutive months bank statements) & Certified copy of your Id. If it's a smart id, both sides must be copied & certified.

The submission of proof of your bank account and the completion of any death claim documents is not confirmation that a portion of the death benefit will be allocated to you.

***Affidavit for Assessment of a Death Claim (continue)***

I know and understand the contents of this statement.  
I have no objection to taking the prescribed oath.  
I consider the prescribed oath binding on my conscience.

Deponent's Signature

I certify that the above statement was taken by me, and that the deponent has acknowledged that he/she knows and understands the content of this statement. This statement was affirmed / sworn before me, and the signature was placed thereon in my presence at place \_\_\_\_\_ on \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_.

Commissioner of Oaths Signature

Name/s & Surname

Position/Rank

Address of Business/Police  
Station

**Official Stamp**

## APPROVED DEATH BENEFIT CLAIM FORM

Hollard Group Risk extends our heartfelt condolences on the loss of the insured.

It is essential that this form is fully completed to prevent any unnecessary delays due to missing or incomplete information. This form should be completed by the policyholder / authorised employer representative.

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton 2041.  
Tel: (011) 351 5000. Email: HGRdeathclaims@hollard.co.za

Please note that the request for completion of this form in no way constitutes admission of liability by Hollard Group Risk.

## REQUIRED DOCUMENTS

The fully completed form should be accompanied by the documentation listed below. Please indicate whether the relevant documents are attached. Hollard Group Risk reserves the right to request additional information if necessary.

Copy of the deceased's death certificate.

Copy of the deceased's identity document (copy of ID Book / front and back of Smart ID Card).

Copy of the deceased's last payslip.

Copy of the completed DHA 1663 (notice of death / stillbirth) report.

Copy of the Police Report for Unnatural Cause of Death from the South African Police Service (if applicable).

Proof of the Retirement Fund's banking details, not older than 3 months (bank statement/ account confirmation letter from bank, etc.).

## SECTION A: POLICY DETAILS

Employer/ Policyholder:	<input type="text"/>
Policy number:	<input type="text"/>
Membership / Employee number:	<input type="text"/>

## SECTION B: EMPLOYER'S DETAILS

Name of company:	<input type="text"/>
Physical address:	<input type="text"/>
	<input type="text"/> Code:
*Company Authority name:	<input type="text"/>
Company Authority ID number:	<input type="text"/>
Job title / designation:	<input type="text"/>
Contact number:	<input type="text"/>
Email address:	<input type="text"/>

U # " . . . . . e.g. HR representative, company director, etc.

o-#u@V# ) -#-° o-) oh-ko\ V° O) -u° @:

First names:

Surname:

Identity number:

Date of birth:

Employment start date:

#### SECTION D: GENERAL DETAILS

Month for which last premium was paid:

Was the deceased at work on date of death?

Yes

No

*If "No" please provide details below*

Date when the deceased was last at work:

Reason for absence from work:

Salary for the month prior to date of death:

*Has the deceased been absent from \*Southern Africa?*

Yes

No

*\*Southern African: Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Zambia*

*If "Yes" please provide details, including period absent from Southern Africa:*

#### SECTION E: CLAIM DETAILS

Date of death:

Cause of death:

Was the death as a result from an accident?

Yes

No

*If death is a result of an accident please ensure a Police Report is attached to this claim application.*

## SECTION F: BANKING DETAILS

Payment will be made to the Retirement Fund. Please provide the Retirement Fund's banking details below.

Name of account holder (Retirement Fund):	<input type="text"/>
Name of bank:	<input type="text"/>
Branch:	<input type="text"/> Code: <input type="text"/>
Account type:	<input type="text"/>
Account number:	<input type="text"/>

## SECTION G: PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these parties as is applied by us. By providing the required personal information and signing this form, you consent to us processing and sharing your personal information with third parties. We will treat this information with caution, and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared for marketing additional products and/or services.

## SECTION H: DECLARATION AND CONSENT

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Group Risk. If this claim or any supporting claim documentation is found to be fraudulent, Hollard Group Risk reserves the right to proceed with the appropriate action against the claimant.

I authorise Hollard Group Risk to make payment as instructed above and I acknowledge that payment of the benefits claimed, shall release Hollard Group Risk from all liability in respect of such benefits. I consent to any medical practitioner, hospital or other third party to provide Hollard Group Risk with any information they may require relating to the deceased (e.g. medical information, accident and police reports etc.), which may be necessary for assessment of the claim.

Company Authority signature

Date

**Hollard is committed to "Creating and securing a better future" and therefore subscribes to an internal Anti-Fraud policy. Please report any suspicious or unethical activity anonymously on 0801 516 170 (toll free) or via email at [Hollard@tip-offs.com](mailto:Hollard@tip-offs.com).**