



Website: www.aspf.co.za
 Principal Officer & Information Officer: Mr Lourie Bosman
 Email address: agrisectorfund@verso.co.za

Notification of Death Form (employer to complete)

Confidential

Section A: Member's personal particulars (Please include a copy of Identity/Passport document)

Employer Fund name												
Initials and surname												
Membership number												
ID/Passport number												
Date of birth	D	D	M	M	C	C	Y	Y				
Tax reference number												

Section B: Particulars of member's death (Please include a certified copy of death certificate)

Date of birth

D	D	M	M	C	C	Y	Y
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Was the member in the full-time service of the employer at date of death?

Yes	No
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• If "No", please provide details

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Was the member in the process of applying for a disability benefit?

Yes	No
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• If "Yes", please provide details

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Has the Employer's Investigation Form been completed and submitted to the Fund?

Yes	No
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• If "Yes", please attach completed form to this notification.

Section C: Member's financial particulars

Date of last contribution to the Fund

D	D	M	M	C	C	Y	Y
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Amount of last contribution to the Fund

R

Annual pensionable salary at date of death

R

 (Please include a copy of the member's salary slip)

Claims by employer against member for fraud/dishonesty/misconduct

Yes	No
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• Please include a copy of the member's written admission of liability or court order awarding compensation to the employer.

Pension-backed housing loan

Yes	No
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• Please include document(s) confirming the housing loan/collateral.

Section D: Declaration by employer representative

I, the undersigned representative of the employer, hereby certify that all particulars furnished in this Form and accompanying documents are true and correct.

 Signed on behalf of employer

Designation

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Full name

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Date

D	D	M	M	C	C	Y	Y
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