



Agri and Affiliated Sectors Provident Fund

Website: www.aspf.co.za

Principal Officer & Information Officer: Mr Lourie Bosman

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DEATH AND FUNERAL FORM

Email: agrisectorfund@verso.co.za

Pay centre code:

Employer name:

SUPPORTING DOCUMENTATION (see Death Claim Process for additional documentation)

- A certified copy of the death certificate
- A certified copy of the deceased's identity document
- A certified copy of the main member's identify document
- A certified copy of the beneficiary/claimant's identity document
- A copy of the BI-1663
- A police report in the case of death due to unnatural causes
- If claimant is a different person/entity from the beneficiary, please attach written authorisation/affidavit from benefit for claimant to receive the claim amount
- Copy of the bank statement of beneficiary/claimant

The underwriter will verify all deaths with the Department of Home Affairs. Depending on the circumstances, there may be other requirements. Please ensure that you meet all the requirements that we have set out in this form.

A. DETAILS OF THE MEMBER

Surname and initials

First names

Date of birth

ID number

Reference number

Marital status

B. DETAILS OF THE DECEASED

Surname and initials

First names

Date of birth

ID number

Relationship to member

Date of death

Cause of death

Place of death (name of city/town)

If unnatural, please state the exact cause of death

Plan choice

Claim amount

Name and address of doctor/hospital who/which certified the death certificate

Name

Address

Code

Telephone number

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Did the deceased commit suicide or was his/her death the result of his/her transgressing any law or as a result of someone else's alleged violence?

YES

NO

If yes, please state the circumstances of the death:	

C. DISPOSAL OF DEATH BENEFIT – DETAILS OF BENEFICIARY/CLAIMANT	
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Surname and initials	
First names	
Date of birth	
ID number	
Relationship to deceased	
Telephone number	()
Email address	
	We will transfer the proceeds into your bank account directly. Please provide detail below:
Name of bank	
Branch name	
Branch number	
Type of account	
Account number	
Name of account holder	

D. DISPOSAL OF FUNERAL BENEFIT – DETAILS OF BENEFICIARY/CLAIMANT	
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Surname and initials	
First names	
Date of birth	
ID number	
Relationship to deceased	
Telephone number	()
Email address	
	We will transfer the proceeds into your bank account directly. Please provide detail below:
Name of bank	
Branch name	
Branch number	
Type of account	
Account number	
Name of account holder	

E. DECLARATION BY BENEFICIARY/CLAIMANT	
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I, the undersigned warrant that I am legally entitled to receive the proceeds in terms of the said plan and that the estate is solvent and has not been ceded, sequestrated or estranged in any way. I declare that all information supplied herein is accurate and complete.	
Signed at	
Date	YYYYMMDD
Signature of claimant	
Signature of employer	