



Agri and Affiliated Sectors Provident Fund

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
Was the member in the full-time service of the employer at date of death?	Yes No
• If "No", please provide details	
Was the member in the process of applying for a disability benefit?	Yes No
• If "Yes", please provide details	
Has the Employer's Investigation Form been completed and submitted to the Fund?	Yes No
• 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
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
• 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
• 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	
Full name	
Date	D D M M C C Y Y