**RETURN TO BU M2**

***TRANSFER OF PENSION TO WIDOW / NEXT OF KIN UPON DEATH OF PENSIONER***

**Name of Deceased** (in full) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Identity number**…………………………………

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|  |  |  |

**Date or Retirement** ...............................................................................................................

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|  |  |  |

**Date or Death** .............................................................................................................................

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|  |  |  |  |  |  |  |  |  |  |

**Income Tax Reference No.** …………………………………………

**Revenue Office to which last Tax Return rendered** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and address or Executor/Executrix of Estate or Deceased** (if appointed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF DEPENDANTS OF DECEASED**

**(ALL DEPENDANTS TO BE LISTED INCLUDING APPLICANT IF DEPENDANT ON DECEASED)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME IN FULL** | **ADDRESS AND POSTCODE** | **AGE** | **RELATIONSHIP** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full names of applicant)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full address)

request that all correspondence be addressed to me in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_language (state English,Zulu etc.)

and do hereby make oath and say:

1. That the deceased was my (state relationship to deceased);\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. That the Estate of the deceased is solvent;
3. That the dependents listed above are the only dependents of the deceased;
4. That the deponent mentioned above;
5. That all the information given on this application form is true;
6. That I authorize the Fund to deposit any benefits due into my **PERSONAL** banking account, the details of which are reflected on the **BANK MANDATE** appearing on the reverse of this document.

**ATTENTION:** NO CHEOUES WILL BE PREMITTED VIA THE POSTAL SERVICE. THE FUND ASSUMES THE RESPONSIBILITY OF DEPOSITING PAYMENTS DIRECTLY INTO YOUR PERSONAL BANKING ACCOUNT AS REFLECTED OVERLEAF.

**Signature or Mark of Applicant**

(NO ALTERATIONS OR TIPPEX WILL BE ACCEPTED)