



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

QUESTIONNAIRE FOR THE DISPOSAL OF DEATH BENEFITS

This questionnaire should be completed by the Employer based on information obtained from the deceased member's executor and / or relatives in order to assist the Fund's Trustees in the disposal of the death benefits payable.

A - MEMBER DETAILS

Employer		Cost Centre	
Title & Surname		Member Ref. No	
First Name & Initials		Date of Birth	
Identity Number		Date of Death	
Income Tax Number		Revenue Office	
Marital Status	Married / Single / Widowed / Divorced / Separated		Place of Burial

B – DETAILS OF SPOUSE(S) (Please duplicate if the member had more than one spouse and complete per spouse)

SPOUSE	Title & Surname		
First Name & Initials		Date of Birth	
Basis of marital union	Civil / Customary / Common law / Co-habitation /		
Postal address			
Bank details	Bank	Branch	
	Account No	Branch Code	
	Account Name		
Were the member and the spouse living together at the member's date of death?			Yes / no
Is the spouse living on his/her own?			Yes / no
If no, what is the extent and source of financial support he / she receives?			
Does the spouse own property?	Yes / no	If yes, approximate value?	N\$
Is the spouse employed?	Yes / no / self-empl.	In what capacity?	
What is the spouse's total monthly income?			N\$
What are the spouse's own total monthly expenses?			N\$
Of which child(ren) is the spouse the parent / guardian?			
What are the monthly expenses per child?			
Would the spouse benefit from a lump sum payment rather than an income provided with the lump sum?			Lump sum / income
Portion allocated to spouse by the member in a nomination (% or N\$)			
Justifiable reason(s) why member's provision should be overruled?			

Please provide certified copies of ID documents or birth certificates and marriage certificates or other proof that the person qualifies as a spouse of the member (e.g. sworn affidavit).

C – DIVORCE ORDERS IF ANY B – DETAILS OF SPOUSE

Did the deceased support an ex-spouse in terms of a maintenance order, agreement or voluntarily?	Yes / no
If yes what was the monthly maintenance payment?	N\$
Has the ex-spouse remarried?	Yes /no

Please complete Section F below in respect of the ex-spouse if applicable.

D – DETAILS OF MINOR AND MAJOR DEPENDENT CHILDREN (Please duplicate this section if required)

Full Names				
Date of Birth				
Age at Member's Death				
Parent / Guardian				
Expenses per child				
Current Educational Institution				
Marital Status				
Extent of Dependency on Member				
Portion allocated by Member to child in the nomination				
Justifiable reason(s) why member's provision should be overruled?				

Please provide certified copies of full birth certificates or baptismal certificates showing parentage. If not available sworn affidavits as to parentage should be provided.

E – DETAILS OF GUARDIANS OF CHILD(REN) IF NOT A SPOUSE OF THE MEMBER (Please duplicate if required)

GUARDIAN	Title & Surname		
First Name & Initials		Date of Birth	
Postal address			
Bank details	Bank		Branch
	Account No		Branch Code
	Account Name		
Is the guardian living on his/her own?			Yes /no
If no, what is the extent of financial support he / she receives?			
Does the guardian own property?	Yes / no	If yes, what is the approximate value?	N\$
Is the guardian employed?	Yes / no / self-empl.	In what capacity?	
What is the guardian's total monthly income?			N\$
What are the guardian's own total monthly expenses?			N\$
Of which child(ren) is he / she the guardian?			
What are the monthly expenses per child?			
Is a regular income required for the child?			
Ad-hoc expenses to be provided for the child(ren):		Medical / schooling / urgent family needs /	

Please provide certified copies of ID documents or birth certificates and proof of guardianship (e.g. sworn affidavit).

F – OTHER FINANCIAL DEPENDANTS (Please provide certified copied of ID document or birth certificate and proof of financial dependency (e.g. sworn affidavit).

Full Name			
Date of Birth			
Address			
Relationship to Member			

Extent Of Dependency			
Bank Details - Bank Branch & code Account No			
Portion allocated by the Member in a Nomination			
Justifiable reason(s) why member's provision should be overruled.			
Remarks			

G – NOMINEES (Please provide certified copies of ID document or birth certificate)

Full Name			
Date of Birth			
Address			
Relationship to Member			
Percentage Allocated By The Member In A Nomination			

NOTE: If no dependants have been traced within 12 months of date of death of the member and the member nominated someone in writing to receive the death benefit, written confirmation to be obtained from the executor of the deceased's estate whether assets exceed the liabilities in the estate.

H – EXECUTOR OF ESTATE

Full Name	
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I – EMPLOYER'S REMARKS

Signed on behalf of the Employer

_____ **Date** _____

