



SAOU - 16 NOVEMBER 2023

MARIO LINDEQUE

PURPOSE OF PRESENTATION

- Who is GEPF?
- How are your benefits determined?
- Resignation
- Retirement
- Death
- Spouse Pension
- Nomination of beneficiaries
- Funeral Benefit
- Medical subsidy
- Child Pension

WHO IS GEPF

GEPF is a juristic entity established under the *Government Employees Pension Law, 1996 (GEP Law)* and is independent of government.

GEPF provides pensions and other related benefits as determined under the *GEP Law* to members and pensioners and their beneficiaries.

GEPF is a defined benefit fund



DEFINED BENEFIT FUND

You are entitled to benefits on the occasion of your exit from the fund i.e.

- ✓ Resignation (including misconduct),
- ✓ Retirement
- ✓ Discharge (Ill Health or Retrenchment)
- ✓ Death in service,

HOW ARE YOUR BENEFITS DETERMINED

The value of your benefits is based on:

- ✓ **Active membership of GEPF:**
 - ✓ Includes any additional service that you have purchased.
 - ✓ Excludes any periods of leave without pay that are greater than 120 days.
- ✓ **Final salary:**
 - ✓ This is the average salary you were earning in the last 24 months of your pensionable service.
- ✓ **Exit age: (Factor)**
 - ✓ This is your age when you leave (exit) GEPF, whether by resigning, retiring, dying or being discharged.
- ✓ **Type of exit:**

RESIGNATION

Government Employees Pension Fund



RESIGNATION
CHOICE FORM

PERSAL PRINTOUTS (SERVICE
RECORD, SALARY ADVICES
AND TERMINATION)

Z864 (MORE THAN 10
YRS)

DEGREE OF
DIVORCE (IF
APPLICABLE)

LATE
SUBMISSION
LETTER (IF
APPLICABLE)

PROOF OF
CONTRIBUTION ((IF
PRIOR 1996)
GUMLABEL/SALARY
ADVICES))


z102

RESIGNATION
LETTER

Z894 /
Z1525

ID

RESIGNATION CHOICE FORM

Government Employees Pension Fund (GEPF) CHOICE FORM - RESIGNATION/DISCHARGE		GEPF USE ONLY - GEPF STAMPS	BAR CODE Tel No : (+27) (0) 12 319 1911 Fax No : (+27) (0) 12 326 2507 Call Centre : (+27) (0) 12 319 1000 E-mail : enquiries@gepf.co.za WebSite : www.gepf.co.za
Private Bag x63 Pretoria SOUTH AFRICA 0001	34 Hamilton Street Arcadia Pretoria		
CHOICE FORM FOR PENSION BENEFIT UPON RESIGNATION/DISCHARGE To enable the GEPF to successfully process the request for withdrawal from the Fund as a result of (i) Voluntary Resignation, (ii) Discharge due to Misconduct or (iii) Discharge due to Ill-Health occasioned by own doing, the member must select an option before terminating service by completing this form.			
A) PERSONAL PARTICULARS OF MEMBER			
		Pension Number	
Surname			
First Name			
Title		Initials	
Salary No		D.O.B	
		ID No	
		Income Tax No	
B) OPTIONS FOR PENSION BENEFIT PAYABLE (Applicable Rules of GEPF Law Rule 14.4.1, 14.4.2 and 12.3) A single choice must be made between option (a) or option (b). The benefit is taxable and tax may be deducted subject to instructions from SARS.			
<input type="checkbox"/> Option (a): Members who want a once-off gratuity payment in own right (Rule 14.4.1 (a)) COMPULSORY ATTACHMENT FOR OPTION (a): Z894 ACB BANK PARTICULARS This implies: * A gratuity calculated at 7.5% of his or her final salary multiplied with the period of his or her pensionable service, and increased by ten percentage points for each full year of pensionable service between 5 and 15 years;			
OR			
<input type="checkbox"/> Option (b): Members who want to transfer the actuarial interest in the Fund to an approved Retirement fund (Rule 14.4.1 (b)). COMPULSORY ATTACHMENT FOR OPTION (b): Z1525 PARTICULARS FOR A TRANSFER TO AN APPROVED RETIREMENT FUND. (N.B. Please familiarize yourself with the contents of section D of the Z1525 form) This implies: * The FULL amount of the benefit is to be transferred to an approved external retirement fund. No benefit will be paid to the member. * If the member is above the age of 55 but has not yet reached the normal retirement age, his/her benefits shall be reduced by 0.3 % (one third of one percent) for each complete month between the member's actual retirement date and the normal retirement date.			
D) CERTIFICATION BY MEMBER AND EMPLOYER REPRESENTATIVE			
I, _____ the undersigned, declare that I understand the options offered and that I agree that the choice made by me is irrevocable after the date of terminating my service.		I, _____ the undersigned, declare on behalf of the Employer that I have provided the member with explanatory guidelines with regards to his / her withdrawal option.	
<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div> Signature OR Thumbprint of Member		<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div> Signature of Employer Representative	
Tel No <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		Tel No <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>	
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>	
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>	

Z864

GOVERNMENT EMPLOYEES PENSION FUND Z864 Personal Details Update		 <small>Private Bag 453 Pretoria South Africa 0001</small>	<small>34 Hamilton Street Arcadia Pretoria</small>	GEPF USE ONLY - GEPF STAMPS	Z864	BAR CODE
				<small>Cell Centre : 0800 317 669 e-mail : enquiries@gepf.co.za Website : www.gepf.co.za</small>		

A) PERSONAL PARTICULARS OF MEMBER/PENSIONER

1. Pension No.	2. Title
3. Surname	
4. First name	
5. Middle names	
6. Maiden name	
7. ID No.	8. Passport No.
9. Date of birth	10. Income tax number
11. Marital status	12. Date of marriage

Single Married Divorced Widow/er Life Partner

B) PARTICULARS OF SPOUSE(S) / LIFE PARTNER

1. Surname

First name

Middle names

Maiden Name

ID No.

Relationship

Status

Date of birth

Date of marriage

Marital type

Religion

Customary Union

Civil

Passport No.

Registered dependant of medical aid scheme

Yes No

2. Surname

First name

Middle names

Maiden Name

ID No.

Relationship

Status

Date of birth

Date of marriage

Marital type

Religion

Customary Union

Civil

Passport No.

Registered dependant of medical aid scheme

Yes No

3. Surname

First name

Middle names

Maiden Name

ID No.

Relationship

Status

Date of birth

Date of marriage

Marital type

Religion

Customary Union

Civil

Passport No.

Registered dependant of medical aid scheme

Yes No

4. Surname

First name

Middle names

Maiden Name

ID No.

Relationship

Status

Date of birth

Date of marriage

Marital type

Religion

Customary Union

Civil

Passport No.

Registered dependant of medical aid scheme

Yes No

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALED AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE

Member/Pensioner Initial	Commissioner of Oaths Initial	Page 1 of 3
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The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.

Government Employees Pension Fund (GEPF) EXTERNAL TRANSFER TO AN APPROVED FUND - Z1525			GEPF USE ONLY - GEPF STAMPS	BAR CODE
Private Bag x63 Pretoria SOUTH AFRICA 0001	34 Hamilton Street Arcadia Pretoria	Call Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za		

PARTICULARS FOR A TRANSFER TO AN APPROVED RETIREMENT FUND

THIS FORM MUST BE COMPLETED BY THE FUND REPRESENTATIVE.

In order for GEPF to successfully process the transfer of the actuarial interest value for the GEPF Fund Member to an approved external Retirement Fund, this form must be submitted with the Withdrawal from Fund application form (Z102).

All sections on the form are compulsory.

A) GEPF MEMBER REFERENCE GEPF Pension Number

Surname Initials

B) PARTICULARS OF THE TRANSFEREE FUND (Approved External Retirement Fund)

Underwriter of the Fund

Fund Name

Fund Registration Number at FSB 12/8

SARS Registration Number of Fund 18/20/4

POLICY/REFERENCE Number of Client

CONTACT PARTICULARS OF THE TRANSFEREE FUND

(NB: These are the contact details as captured on the tax directive application and must correspond with the contact information for the transferee fund as captured at SARS)

Tel No Cell No

E-Mail

C) BANK PARTICULARS OF FUND

Name of Account

Bank Name

Branch Code Type of Account ☐ Cheque ☐ Transmission ☐ Savings

Branch Name

Account Number

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND ALL THE RELEVANT PARTIES MUST INITIAL THIS PAGE.

Member Initial 1 Representative Initial 2

D) PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION

1. If the rules of the Approved Fund make provision for a cash withdrawal, it will be limited to one third of the transfer value (interest included) and the balance of the transfer value (interest included) must be utilized for the purchase of any annuity for the member at retirement.
2. In terms of a directive issued by SARS (South African Revenue Services), transfer entitlements under the provisions of the Government Employees Pension Law, 1996, which is transferred to an approved retirement fund, accrues to a member as a lump sum benefit. Accordingly paragraph 6 of the Second Schedule of the Income Tax Act is applicable and the transfer of lump sum benefits will be tax-free, with effect from 1 March 2006.
3. The rules of the GEPF specifically provides for the preservation of pension benefits and as such transfers to Provident Fund, Provident Preservation Fund were not provided for in the GEPF Law. Amendments to the SARS legislation allows for lump sum benefits to be transferred tax free to a Pension Fund, Pension Preservation Fund, Provident Fund, Provident Preservation Fund and Retirement Annuity Fund, as from 1 March 2021. As such, GEPF will transfer to such funds if registered and approved by SARS and subject to engagement with SARS.
4. Where formula "C" may apply in terms of Paragraph 6 of the Second Schedule of the Income Tax Act of 1962, the service period information applicable will be reflected on the ROT furnished to the transferee fund. All inquiries regarding formula "C" application/exemption must be directed to SARS.
5. By completing and submitting this form, the member / beneficiary consents to the provision or disclosure of personal and financial information to the approved fund (or its representatives) the benefit will be transferred to.

E) PARTICULARS OF FUND REPRESENTATIVE

Surname Initials

FAIS Registration No

Tel No Cell No

E-Mail

F) CERTIFICATION BY MEMBER AND FUND REPRESENTATIVE

I, _____

the undersigned, declare that all particulars furnished on this form are true and correct and that I have been fully informed of the conditions and implications of my choice (including section D of this form) to transfer to an Approved Retirement Fund.

Signature of Member
OR Thumbprint of Member (if he/she cannot read/write)

Date Signed

I, _____

the undersigned, declare that all particulars furnished on this form are true and correct and that I informed the member of the conditions and implications of his or her choice (including section D of this form) to transfer to an Approved Retirement Fund.

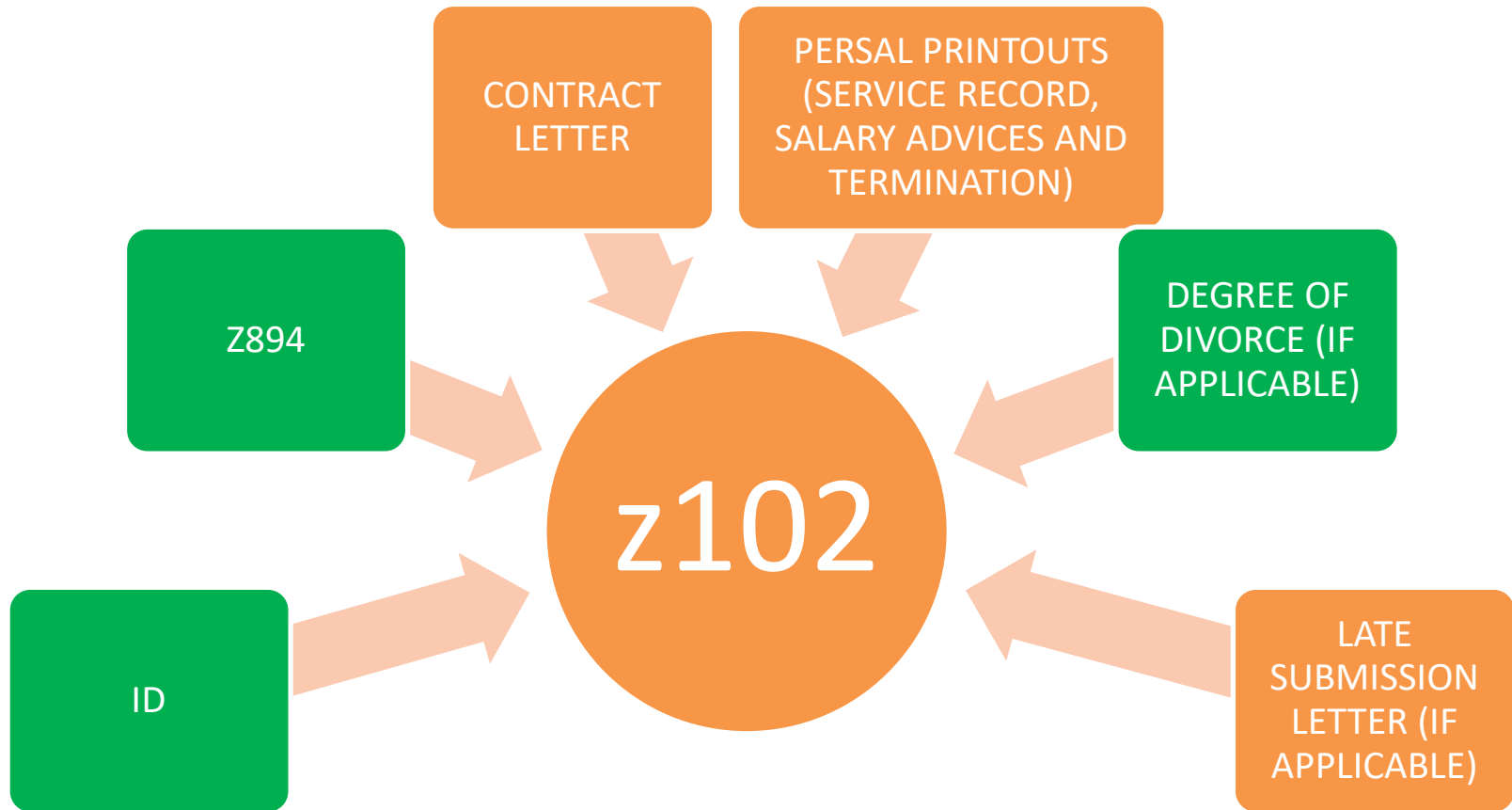
Signature of Fund Representative

Date Signed

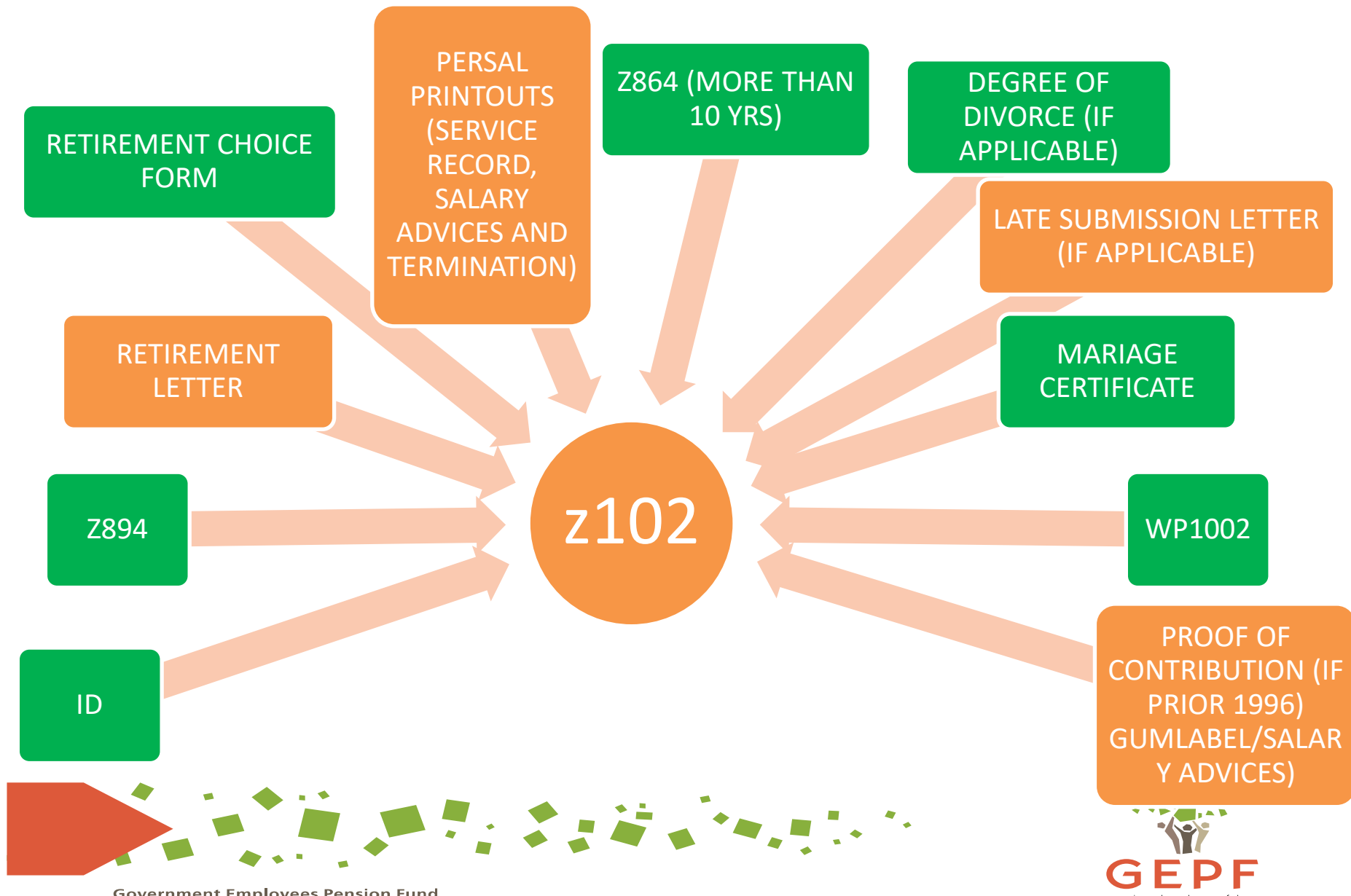
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CONTRACT EXPIRY

DO NOT COMBINE PERIODS



RETIREMENT (60 – 65 YEARS)



RETIREMENT CHOICE FORM –ESP1

Government Employees Pension Fund (GEPF) CHOICE FORM - RETIREMENT/ DISCHARGE		GEFF USE ONLY - GEFF STAMPS ESP1 BAR CODE Call Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za
Private Bag 163 Pretoria SOUTH AFRICA 0001	34 Hamilton Street Arcadia Pretoria	

THIS FORM MUST ONLY BE USED FOR RETIREMENT/DISCHARGE AFTER 31 OCTOBER 2018.

CHOICE FORM UPON RETIREMENT/DISCHARGE - FOR SPOUSE'S PENSION PAYABLE (GEFF MEMBER'S only)

This form must be completed by any member of the GEFF who becomes entitled to a monthly annuity on retirement or exit from the Fund. The retiring member must indicate whether his or her spouse(s) or life partner must receive a standard (50%) or enhanced (75%) spouse annuity, when the member passes away. In order to qualify for the higher annuity, the member will receive a reduced retirement gratuity or annuity.

A) PERSONAL PARTICULARS OF MEMBER

Surname		Pension Number	
First Name		Initials	
Title		D.O.B	
Salary No		Income Tax No	
Cell No		E-Mail	

Please ensure that you provide a valid and private cell number and e-mail address, as the GEFF will be communicating to you important information to you using your cell-phone and e-mail.

B) SPOUSE'S PENSION OPTION (GEFF Law Rule 14.2.2)

A single choice (from the options listed below) must be made between option no.1 (Standard) or option no.2 (Request a Quote for Enhanced Spouse Benefit).

The **Standard** option implies that the spouse of the deceased member will receive 50% of the pension payable to the pensioner (member) on his or her date of death.

The **Enhanced Spouse Benefit** option implies that the spouse of the deceased member will receive 75% of the pension payable to the member (pensioner) on the date of death.

In order for the spouse to receive this enhanced pension, the gratuity or annuity the member will receive on retirement, will be reduced by a percentage that will be based on the age and gender of the member and the surviving spouse(s).

IMPORTANT!!:

- In order for the percentage reduction to be calculated, the member must provide the GEFF with the particulars of the spouse(s) or **approved** life partner on the second page of this form.
- The GEFF will then provide the member with a quote that will reflect the reduction options based on the information provided.
- The member must then indicate whether he or she wishes to proceed with the gratuity or annuity reduction, or whether he or she wishes to proceed with the standard benefit.

Note! If a member selects the Standard Option, processing of the retirement benefit will proceed as normal. If a member selects the Request a Quote for Enhanced Spouse Benefit option, processing of the retirement benefit will be suspended until the member has responded to the quote and indicated which option he or she wishes to exercise.

1. STANDARD OPTION:

- ☐ The STANDARD OPTION implies the following:
- A gratuity amount equal to 6.72% of the average final salary multiplied with years of pensionable service.
 - AND**
 - A monthly pension amount equal to 1/55 of the average final salary multiplied with years of pensionable service.
 - AND**
 - The surviving spouse(s) receive a monthly pension amount equal to 50% of the monthly pension due to the pensioner (member) on the date of death

OR

2. REQUEST A QUOTE FOR ENHANCED SPOUSE BENEFIT:

- ☐ The REQUEST A QUOTE FOR ENHANCED SPOUSE BENEFIT OPTION implies the following:
- The member will provide the correct particulars of the spouse(s) to be considered on the next page.
 - The GEFF will provide a quote reflecting the potential reduction in the retirement gratuity or annuity, based on the information provided.
 - The processing of the retirement benefits will be suspended until the member has indicated which option he or she wishes to exercise.

Government Employees Pension Fund (GEPF) CHOICE FORM - RETIREMENT/ DISCHARGE	GEFF USE ONLY - GEFF STAMPS ESP1 BAR CODE Call Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za	PARTICULARS OF THE SPOUSE(S), OR APPROVED LIFE PARTNER, FOR WHOM THE ENHANCED SPOUSE BENEFIT QUOTE IS REQUESTED.
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Important information:

- By law, only one civil spouse OR one life partner OR one or more traditional or religious wives, allowed.
- A life partner must be approved by the GEFF before he or she qualifies as a spouse.
- Only spouses listed below will be considered for the enhanced spouse's benefit.
- Certified copies of the ID(s) and proof of marriage or approval of the life partnership, must be attached to this form.

C) PARTICULARS OF CIVIL SPOUSE OR LIFE PARTNER OR (FIRST) TRADITIONAL/RELIGIOUS WIFE

Surname		First Name	
Initials		Title	
D.O.B		ID No	
Relationship Type		Civil marriage	
Life Partner		Traditional marriage	
Tenet of religion			

D) PARTICULARS OF SECOND TRADITIONAL/RELIGIOUS WIFE

Surname		First Name	
Initials		Title	
D.O.B		ID No	
Relationship Type		Traditional marriage	
Tenet of religion			

E) PARTICULARS OF THIRD TRADITIONAL/RELIGIOUS WIFE

Surname		First Name	
Initials		Title	
D.O.B		ID No	
Relationship Type		Traditional marriage	
Tenet of religion			

F) PARTICULARS OF FOURTH TRADITIONAL/RELIGIOUS WIFE

Surname		First Name	
Initials		Title	
D.O.B		ID No	
Relationship Type		Traditional marriage	
Tenet of religion			

If you have more than 4 wives, please add copies of this page

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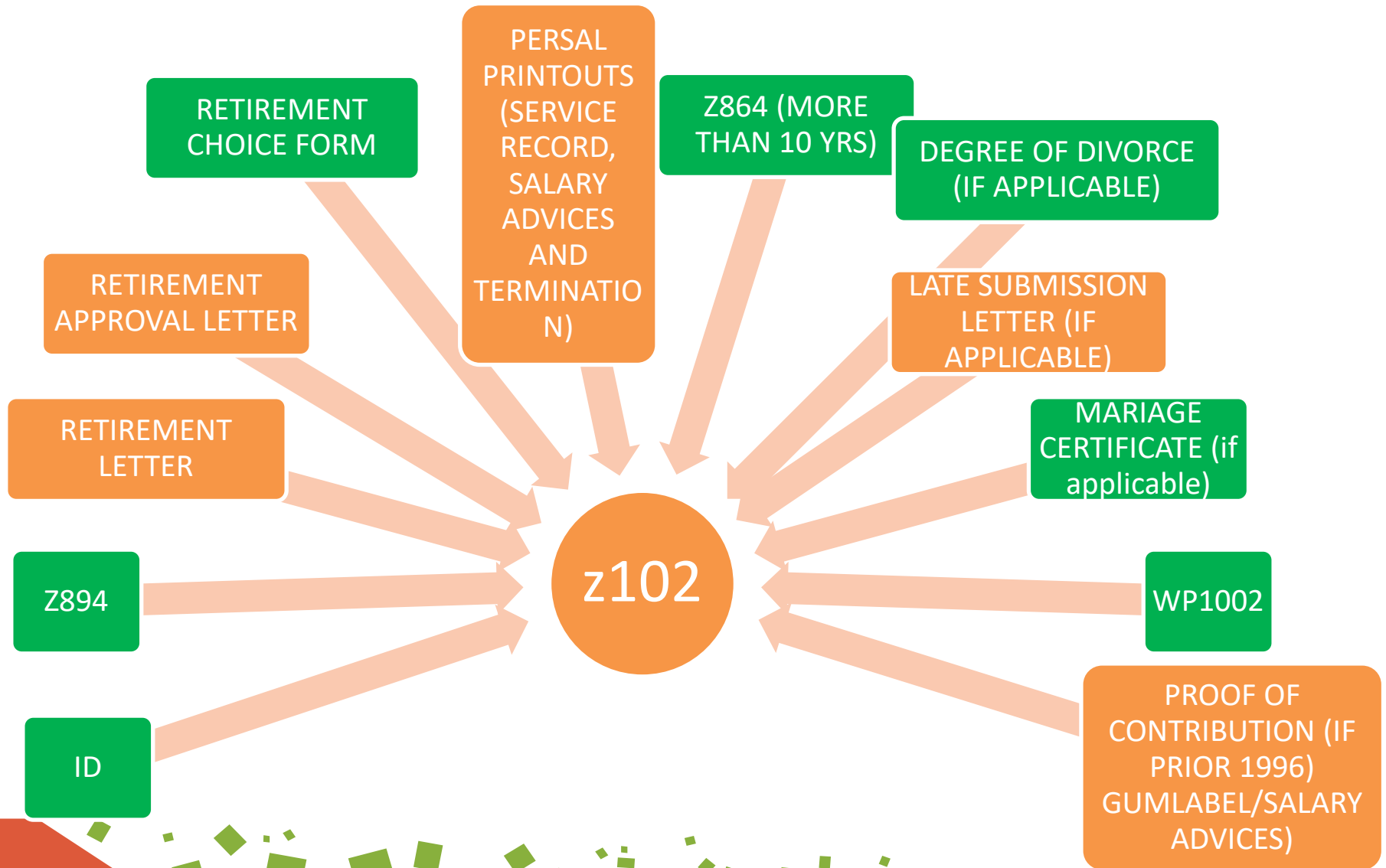
G) CERTIFICATION BY MEMBER

I, _____ (name and surname), the undersigned, declare that I understand that if I selected the standard retirement benefit, my choice is irrevocable. I also understand that if I selected the option to request a quote for an enhanced spouse's benefit, the processing of my retirement benefit will be suspended until I have responded in writing to the quote that will be supplied by the GEFF. I further understand that once I have responded to that quote, my choice is irrevocable.

Date signed

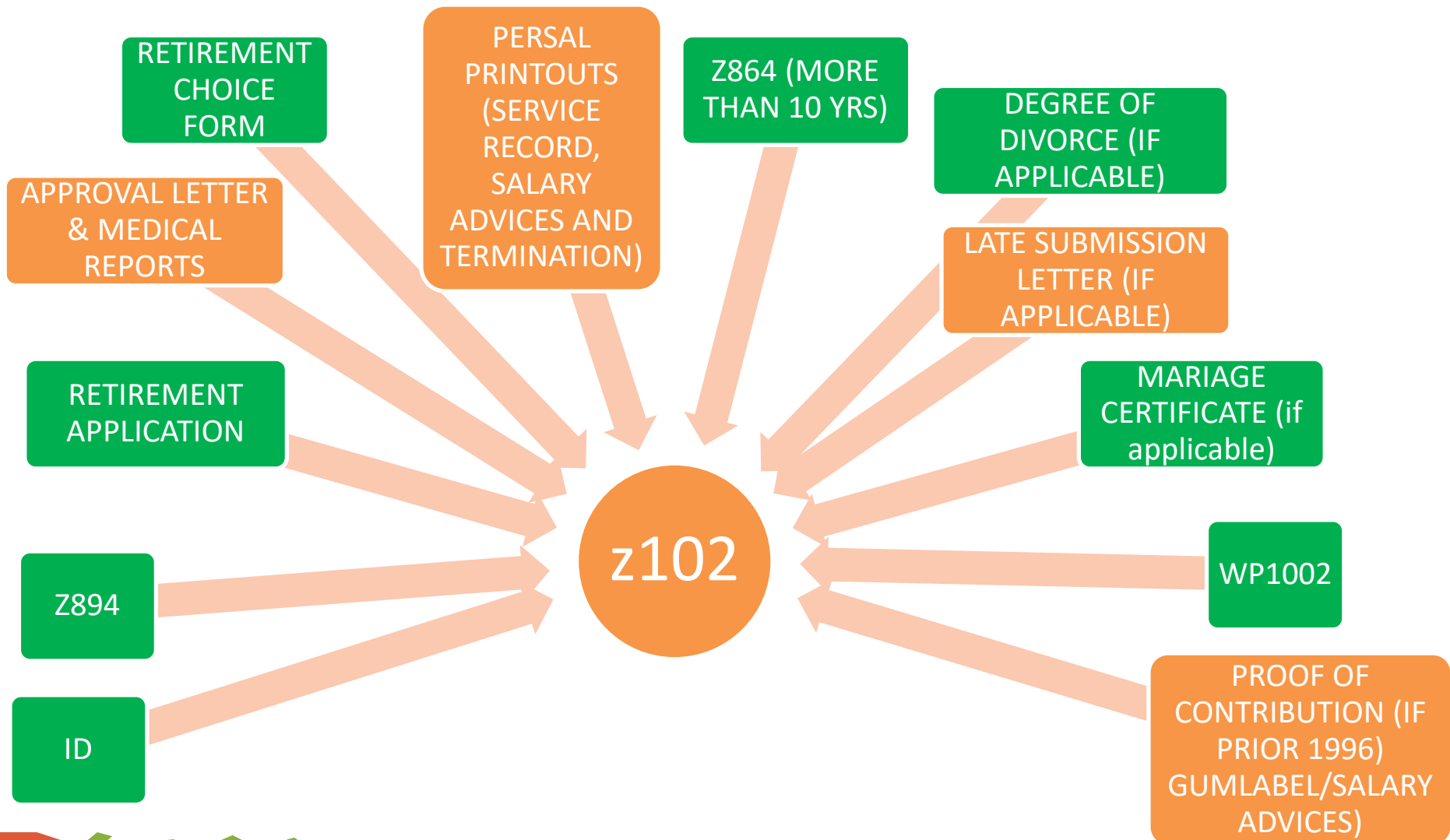
Signature of Member OR Thumbprint of Member (if he/she cannot read/write)	Signature of Employer Representative	Official Employer Stamp
Tel No	Tel No	

EARLY RETIREMENT

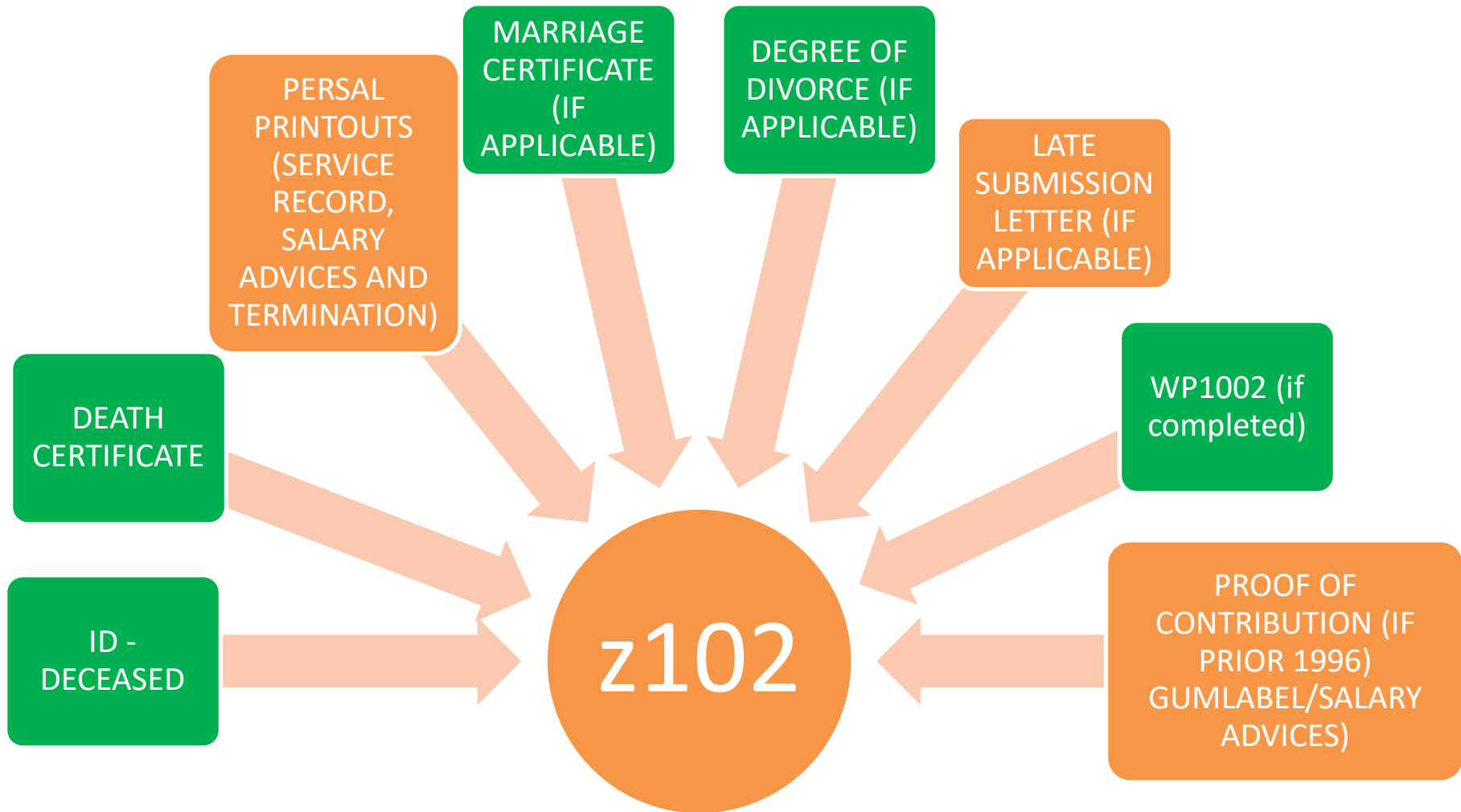


GEPF

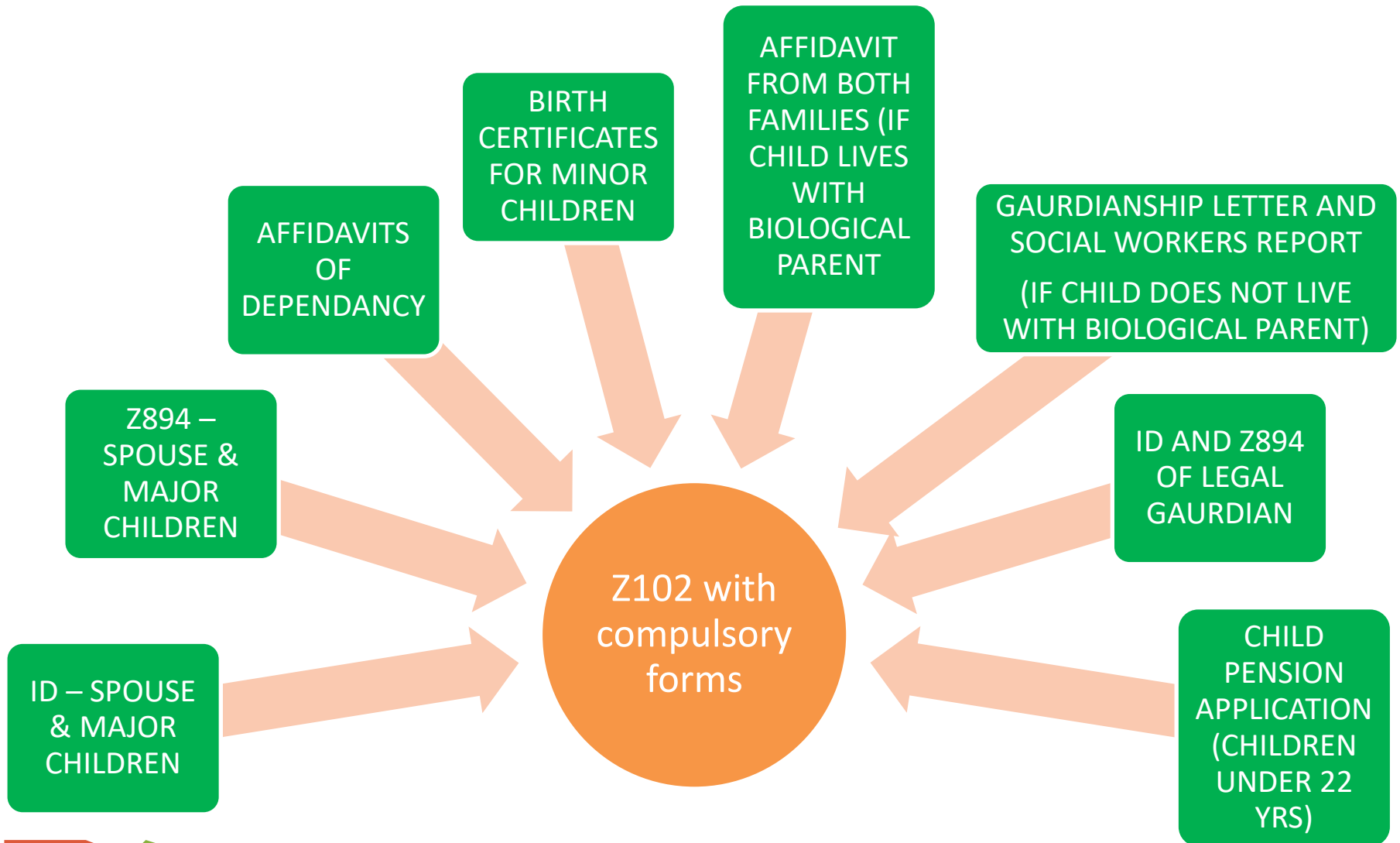
ILL HEALTH RETIRMENT



DEATH (COMPULSORY FORMS)



DEATH WITH DEPENDENTS



WP1002 FORM

Government Employees Pension Fund (GEPF) NOMINATION FORM Private Bag x53 Pretoria SOUTH AFRICA 0001	 34 Hamilton Street Arcadia Pretoria	GEPF USE ONLY - GEPF STAMPS WP1002 BARCODE	Cell Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za
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I hereby give notice of my wish that the gratuity which may become payable upon my death, be paid to the beneficiaries mentioned below, and in the proportion indicated by me

MEMBER PARTICULARS

Pension No.		Salary No.	
Surname		Title	
First Name			
Middle Name			
ID Number		or Passport No	
Date of Birth		Tax number	
E-Mail Address			
Tel No.		Cell No.	
Postal Address			
Alt Contact Number: -			
Who does this number belong to? If we need to contact you through this person, we will not disclose any of your personal information.			
Contact Name			
Relationship?			


BENEFICIARY PARTICULARS

Beneficiary 1

Surname			
First name			
Middle names			
ID Number		Date of birth	
Relationship to the member		Percentage of benefit	%
If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child			
Guardian Surname			
Guardian Initials		Guardian's ID Number	
Relationship to minor			
Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor			
E-Mail Address			
Tel No.		Cell No.	
Postal address			

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID. THE MEMBER AND THE WITNESSES MUST INITIAL ALL THE PAGES. PLEASE CONFIRM THAT THE DISTRIBUTION ADDS UP TO 100%

Member Initial Witness1 Initial Witness2 Initial Page 1 of 4

 GEPF	NOMINATION OF BENEFICIARIES WP1002
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Beneficiary 2

Surname			
First name			
Middle names			
ID Number		Date of birth	
Relationship to the member		Percentage of benefit	%
If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child			
Guardian Surname			
Guardian Initials		Guardian's ID Number	
Relationship to minor			
Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor			
E-Mail Address			
Tel No.		Cell No.	
Postal address			

Beneficiary 3

Surname			
First name			
Middle names			
ID Number		Date of birth	
Relationship to the member		Percentage of benefit	%
If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child			
Guardian Surname			
Guardian Initials		Guardian's ID Number	
Relationship to minor			
Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor			
E-Mail Address			
Tel No.		Cell No.	
Postal address			

IF MORE THAN 5 BENEFICIARIES ARE TO BE NOMINATED, PLEASE COPY THIS PAGE AND ADD THE ADDITIONAL PAGES BEFORE THE LAST PAGE

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID. THE MEMBER AND THE WITNESSES MUST INITIAL ALL THE PAGES. PLEASE CONFIRM THAT THE DISTRIBUTION ADDS UP TO 100%

Member Initial Witness1 Initial Witness2 Initial Page 2 of 4

WP1002 FORM

NOMINATION OF BENEFICIARIES		WP1002
Beneficiary 4		
Surname		
First name		
Middle names		
ID Number	Date of birth	
Relationship to the member	Percentage of benefit: %	
If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child		
Guardian Surname		
Guardian Initials	Guardian's ID Number	
Relationship to minor		
Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor		
E-Mail Address		
Tel No.	Cell No.	
Postal address		
Beneficiary 5		
Surname		
First name		
Middle names		
ID Number	Date of birth	
Relationship to the member	Percentage of benefit: %	
If the beneficiary is a minor, please provide the initials and surname of the guardian, as well as the relationship between the guardian and child		
Guardian Surname		
Guardian Initials	Guardian's ID Number	
Relationship to minor		
Please provide the contact details for the beneficiary, or the guardian of the beneficiary, if the beneficiary is a minor		
E-Mail Address		
Tel No.	Cell No.	
Postal address		
VERY IMPORTANT!!!! THIS NOMINATION IS INVALID IF TOTAL NOT = 100%		
		TOTAL: %
ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID. THE MEMBER AND THE WITNESSES MUST INITIAL ALL THE PAGES. PLEASE CONFIRM THAT THE DISTRIBUTION ADDS UP TO 100%		
Member Initial	Witness1 Initial	Witness2 Initial

NOMINATION OF BENEFICIARIES		WP1002
EXECUTOR OF ESTATE PARTICULARS		
Name of executor		
Address of executor		
Telephone number	Cell number	
E-Mail Address		
SIGNATURES		
Place		
Signature of Member (In presence of 2 witnesses)	Thumb print only needed for cases where the member cannot read / write	
Date		
		Thumb print of member
WITNESSES (mandatory)		
Witness 1 Surname		
Full names		
Postal address		
Witness 2 Surname		
Full names		
Postal address		
Witness 1 Signature	Witness 2 Signature	

The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.

Check list

- ☐ Member details fully completed?
- ☐ Details of each beneficiary fully completed?
- ☐ Every page initialed by the member and the witnesses?
- ☐ Do all the nomination percentages add up to 100%?
- ☐ Member and witnesses signed this page in full?
- ☐ Copies of the ID of the member and the ID's of the beneficiaries attached?
- ☐ Any other documents that you wish to bring to the notice of the Fund, or any special circumstances you wish the Fund to take note of, summarized and attached?

DOCUMENTS REQUIRED

Spouse

Z143
ID
Marriage Certificate/Lobolla
Affidavit
Z894

Major Child

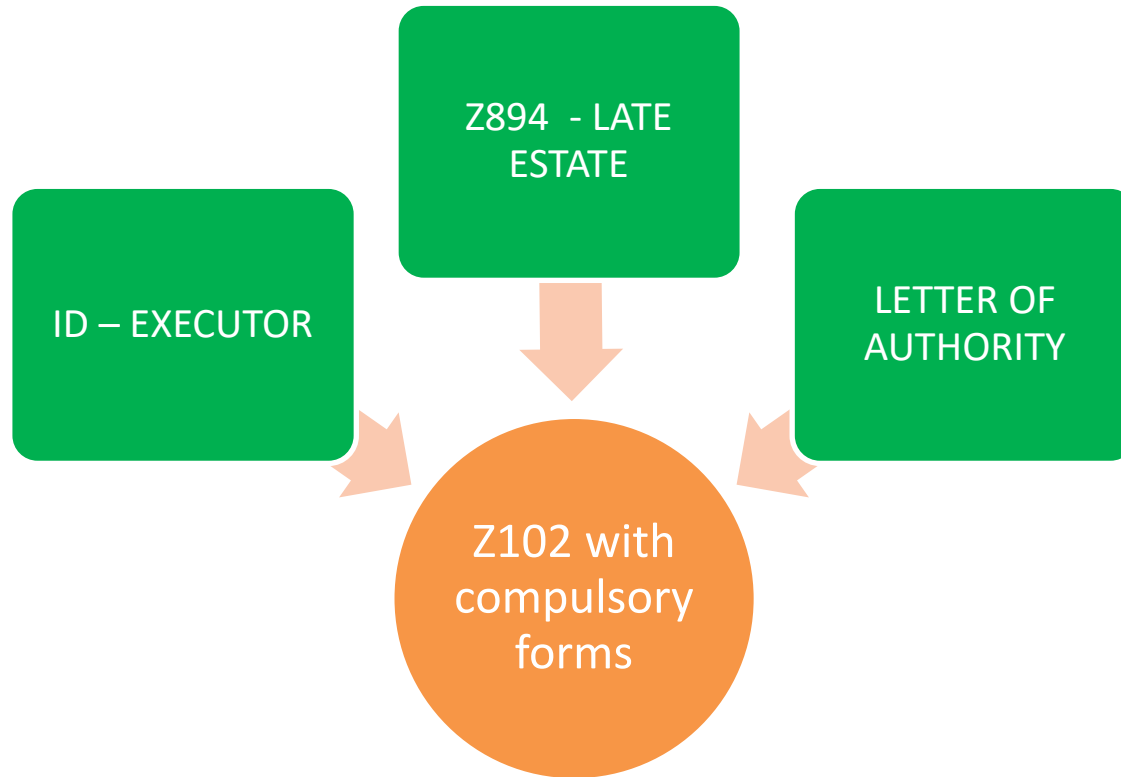
- ID
- Z894
- Affidavit - Relationship

Minor Child

- Birth Certificate
- Child Pension application
- Guardianship letter or affidavits from both side of family
- ID of guardian
- Z894 of guardian

Note: Child pension is payable to guardian until child is 18, thereafter it will be paid directly to the child up to 22

DEATH WITHOUT DEPENDENTS



SPOUSE PENSION

Who may receive a spouse's annuity?

- ✓ The spouse or life partner of the member or pensioner who has died.
- ✓ If the member dies in service, the spouse will receive 50% of the annuity the member would have received had the member retired on date of death.

ENHANCED SPOUSE ANNUITY

- ✓ Increase your current spouses pension from 50% to 75% of the pension you are receiving at the date of your death (based on current spouse age and gender)
- ✓ Reduced gratuity or reduced annuity on exit.
- ✓ The choice cannot be changed after termination.
- ✓ The choice cannot be cancelled in the event:
 - Your spouse predeceases you or;
 - You get divorced,
- ✓ If a member dies within five years after the date of retirement, your nominated beneficiaries and/or dependants will receive the balance of the annuity payment up to the end of the five-year period as a lump sum.
- ✓ Employer needs to generate quote on PCM, pend case until member sign quote, upload and complete document submission

DOCUMENTS REQUIRED

- ✓ Marriage certificate as issued by Home Affairs or;
- ✓ Life Partner application form (applicable to GEPPF only).
- ✓ Tenets of religion Certificate
- ✓ Customary Union Certificate
- ✓ Customary Union/ Lobolla Affidavit must contain the following information:
 - Names of both parties
 - Names of family members /witnesses of both parties
 - Statement of date, place and lobolla paid with signatures of all parties involved.

Z143

Government Employees Pension Fund (GEPF) Z143 SPOUSE APPLICATION		GEPF USE ONLY - GEPF STAMPS Z143		VALIDATE FORM BAR CODE	
Private Bag x63 Pretoria SOUTH AFRICA 0001		34 Hamilton Street Arcadia Pretoria		Call Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za	
A) PARTICULARS OF DECEASED (Compulsory)					
1. Type of Member: Contributing Member <input type="checkbox"/> Pensioner <input type="checkbox"/>					
2. Pension/CP No.		3. Death Cert. No.			
4. ID No.		(or) 5. Passport No.			
6. Surname					
7. First name					
8. Middle names					
9. Title		10. Date of birth		11. Date of death	
B) PARTICULARS OF PERSON APPLYING FOR SPOUSE PENSION (Compulsory)					
1. ID No.		(or) 2. Passport No.			
3. Surname					
4. First name					
5. Middle names					
6. Maiden Name					
7. Date of birth		Income Tax number			
8. Title		10. Relationship to deceased: Spouse <input type="checkbox"/> Life Partner <input type="checkbox"/>			
9. Date of marriage		11. Marital type: Civil <input type="checkbox"/> Customary Union <input type="checkbox"/> Life partner <input type="checkbox"/> Religion <input type="checkbox"/>			
12. Was the deceased married more than once? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete section D					
C) CONTACT PARTICULARS OF APPLICANT (Compulsory)					
1. Preferred Contact: Postal <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>		2. Fax No.			
3. Tel No.		4. Cell No.			
5. E-mail address					
6. Postal address					
7. Residential address					
D) PARTICULARS OF PREVIOUS / OTHER SPOUSE:					
1. Surname		3. Other Initials			
2. First name					
4. Postal address					
Applicant's Initial		Commissioner of Oaths Initial			

Z143					
5. Residential address					
6. Tel No					
8. Cell No.					
7. Spouse's Status: A. Deceased <input type="checkbox"/> B. Still married <input type="checkbox"/> C. Divorced <input type="checkbox"/> (Refer to compulsory attachments on overleaf)					
E) PARTICULARS OF ALL CHILDREN OF THE DECEASED: COMPULSORY - If none, indicate "NONE" in SURNAME field. IMPORTANT NOTICE: All children from this marriage or relationship, or any other/previous marriages or relationships must be declared. Spouse and Child benefits are calculated based on the number of beneficiaries - failure to declare beneficiaries will result in benefit recalculation, recovery of overpayment and other penalties.					
1.a) Surname					
1.b) First name					
1.c) Other Initials		1.d) Date of birth		1.e) Registered dependant of medical aid scheme: Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.f) Child of: Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>					
1.g) Relationship: Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>		1.h) Status: Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>			
1.i) Guardian Surname:					
Guardian Initials:		Guardian Contact Details:			
2.a) Surname					
2.b) First name					
2.c) Other Initials		2.d) Date of birth		2.e) Registered dependant of medical aid scheme: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.f) Child of: Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>					
2.g) Relationship: Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>		2.h) Status: Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>			
2.i) Guardian Surname:					
Guardian Initials:		Guardian Contact Details:			
3.a) Surname					
3.b) First name					
3.c) Other Initials		3.d) Date of birth		3.e) Registered dependant of medical aid scheme: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.f) Child of: Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>					
3.g) Relationship: Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>		3.h) Status: Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>			
3.i) Guardian Surname:					
Guardian Initials:		Guardian Contact Details:			
Applicant's Initial		Commissioner of Oaths Initial			

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4.a) Surname			
4.b) First Name			
4.c) Other Initials	4.d) Date of birth	4.e) Registered dependant of medical aid scheme:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.f) Child of:	Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>		
4.g) Relationship:	Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>	4.h) Status:	Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>
4.i) Guardian Surname:			
Guardian Initials:	Guardian Contact Details:		

5.a) Surname			
5.b) First Name			
5.c) Other Initials	5.d) Date of birth	5.e) Registered dependant of medical aid scheme:	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.f) Child of:	Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>		
5.g) Relationship:	Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>	5.h) Status:	Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>
5.i) Guardian Surname:			
Guardian Initials:	Guardian Contact Details:		

6.a) Surname			
6.b) First name			
6.c) Other Initials	6.d) Date of birth	6.e) Registered dependant of medical aid scheme:	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.f) Child of:	Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>		
6.g) Relationship:	Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>	6.h) Status:	Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>
6.i) Guardian Surname:			
Guardian Initials:	Guardian Contact Details:		

7.a) Surname			
7.b) First name			
7.c) Other Initials	7.d) Date of birth	7.e) Registered dependant of medical aid scheme:	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.f) Child of:	Contributing member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>		
7.g) Relationship:	Biological child: <input type="checkbox"/> Adopted child: <input type="checkbox"/> Step child: <input type="checkbox"/>	7.h) Status:	Under 22 <input type="checkbox"/> Disabled <input type="checkbox"/>
7.i) Guardian Surname:			
Guardian Initials:	Guardian Contact Details:		

Applicant's Initial

Commissioner of Oaths Initial

F) NAME AND ADDRESS OF EXECUTOR OF THE ESTATE (Complete where available)
Z143

1. Name	
2. Postal address	
3. Initials and Surname of Contact Person	
4. Tel No.	

G) MEDICAL SCHEME PARTICULARS (Compulsory where the state contributed to the member's medical subsidy)

1. Does the spouse / life partner wish to continue with medical membership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Name of medical scheme	
3. Scheme membership number	
4. Scheme/Package option name	
5. Did the State contribute to the member's medical subsidy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete below:
6. What was the State's contribution to the member's medical aid scheme:	

DECLARATION

(Compulsory)

TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS

I, _____ do solemnly declare that I am:

☐ A) the spouse (or life partner) of the deceased and that my marriage (or life partnership) as entered into on _____ (date) was not dissolved by divorce or other means;

I declare the foregoing particulars are entirely correct in every respect and I undertake to advise GEPP immediately if any change occurs. I am aware of the fact that should I fail to comply with the undertakings I will be responsible for any loss which may occur.

Where the applicant is using a thumb print, two witnesses must sign to confirm the identity of the applicant.

Date: _____

Witness 1: _____

Witness 2: _____

Signature of Applicant (OR Thumb Print of Applicant where he/she cannot read/write)

This section needs to be completed by the Commissioner of Oaths:

Declared and signed before me on this _____ (date)

Signature of Comm. of Oaths

Official Stamp of the Commissioner of Oaths

Full names	
Surname	
Designation	
Postal Address	

 By submission of this form the member/pensioner/applicant confirms that the information provided herein is true and correct and hereby authorizes the GEPP/GPAA to process his or her personal information in compliance with the Protection of Personal Information Act, 2013. Please refer to the GEPP and/or GPAA Privacy Policies on the websites www.gepp.co.za and www.gpaa.gov.za

Applicant's Initial

Commissioner of Oaths Initial

POST RETIREMENT MEDICAL BENEFIT

- ✓ This is a non-contributory benefit administered by the GPAA on behalf of the National Treasury
- ✓ This medical subsidy benefit is received after retirement/termination of service
- ✓ This benefit is paid to employees who was the ***principal*** member of a medical scheme at date of retirement and was in receipt of a subsidy on the last day of service.
- ✓ All open medical schemes are accepted if it is registered at the Council for Medical Schemes as a medical scheme.

QUALIFYING REQUIREMENTS

Retirement including ill health:

- ✓ 15 years of government service (does not have to be continuous or pensionable service), 10 years for ill-health retirement
- ✓ Principal member of a medical scheme for the last 12 months of service (can be any number of medical schemes, as long it is for the last 12 months ***without a break*** as on date of retirement / termination of service)
- ✓ 50 years of age

DOCUMENTS REQUIRED

RETIREMENT:

- ✓ Z583 application form
- ✓ Last salary advice
- ✓ Copy of ID
- ✓ Membership certificates of the medical schemes where the member belonged to for the last 12 months

LUMPSUM BENEFIT : Less than 15 years of service:

- Z894 form
- Z583 form: Choice clearly made at paragraph I, do not exercise both, it will be an error on the document
- Option A cannot be marked if member has less than 15 years of service with no previous service. Only option B can be marked

LUMP SUM BENEFITS

LUMP SUM BENEFIT

- ✓ Retirement: Less than 15 years of service:
More than 10 years but less than 15 years = 36 x R1380.00
Less than 10 years = 12 x R1380.00
- ✓ Ill health: Less than 10 years of service:
More than 5 years but less than 10 years = 24 x R1380.00
Less than 5 years = 12 x R1380.00

A tax directive is requested from SARS as the ***lumpsum benefit is taxable*** as per the SARS tax rates

SERVICE YEARS REQUIREMENT

- ✓ 15 years does not have to be continuous
- ✓ Can be made up of other government service
- ✓ The member's choice to include other service
- ✓ Bought service cannot be included, only actual service worked may be included.


ADDITIONAL DEPENDANTS

- ✓ After the death of the principal member, the spouse, who was a dependent on date of death of the principal member, may apply for membership at the Medical Scheme.
- ✓ From 1 January 2019, any additional dependents added after the death of the principal member will not be subsidized. Member will be liable for the additional dependents' contributions at the medical scheme

CURRENT MEDICAL SUBSIDY AMOUNTS

- ✓ Limited to 75% of the total contribution to a maximum of:
 - ✓ R1 701.00 for single members
 - ✓ R3 402.00 for members with dependents
- ✓ R1380 lump sum once off amount

Z583 FORM

 the gsa Government Services Administration Agency REPUBLIC OF SOUTH AFRICA	GOVERNMENT PENSIONS ADMINISTRATION AGENCY	GPAA USE ONLY - GPAA STAMPS	Z583 MEDICAL SCHEME MEMBERSHIP BAR CODE Call Centre : 0800 117 669 E-mail : enquiries@gpaa.gov.za Website : www.gpaa.gov.za										
Z583 MEDICAL SCHEME MEMBERSHIP Private Bag x63 Pretoria SOUTH AFRICA 0001	34 Hamilton Street Arcadia Pretoria												
PARTICULARS OF MEDICAL SCHEME MEMBERSHIP This form is used to process the application for continued Medical assistance or to indicate a change in Medical Scheme Particulars TYPE OF APPLICATION: Select under Section A COMPULSORY ATTACHMENTS: See section B													
A) TYPE OF APPLICATION - Please select only one option													
<input type="checkbox"/> 1. Application for continued Medical Assistance after Retirement / Death in Service (Resolution 3 of 1999 and Resolution 1 of 2006) (compulsory items : B, D, E, F, G, H, J and K. <i>Also C in the case of a death in service</i>) <input type="checkbox"/> 2. Continued Membership of a Medical Scheme - Change of Medical Scheme Particulars (compulsory items : B, C, D, E, F, G and K) <input type="checkbox"/> 3. Application of Widow / Widower for continued membership of a Medical Scheme (compulsory items : B, C, D, E, F, G and K)													
B) COMPULSORY ATTACHMENTS All copies of ID documents should be clear, and should not be older than 6 months.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Certified copy of ID of the main member of medical scheme</td> <td style="width: 50%;">Only applicable to Type 1 applications</td> </tr> <tr> <td>2. Proof of dependants registered on your medical scheme</td> <td>1. Copy of last Salary advice</td> </tr> <tr> <td>3. Membership certificate from current medical scheme</td> <td>2. Completed Z894 Bank Particulars</td> </tr> <tr> <td>4. Member death certificate (if applicable)</td> <td>3. Service Certificate</td> </tr> <tr> <td>5. Please include previous medical scheme certificate(s)</td> <td></td> </tr> </table>				1. Certified copy of ID of the main member of medical scheme	Only applicable to Type 1 applications	2. Proof of dependants registered on your medical scheme	1. Copy of last Salary advice	3. Membership certificate from current medical scheme	2. Completed Z894 Bank Particulars	4. Member death certificate (if applicable)	3. Service Certificate	5. Please include previous medical scheme certificate(s)	
1. Certified copy of ID of the main member of medical scheme	Only applicable to Type 1 applications												
2. Proof of dependants registered on your medical scheme	1. Copy of last Salary advice												
3. Membership certificate from current medical scheme	2. Completed Z894 Bank Particulars												
4. Member death certificate (if applicable)	3. Service Certificate												
5. Please include previous medical scheme certificate(s)													
C) PERSONAL PARTICULARS OF DECEASED MEMBER Pension Number 													
Surname 													
First Name 													
Middle Name 													
Maiden Name 													
Title Init D.O.B ID No 													
Date of Death Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partner													
D) PERSONAL PARTICULARS OF APPLICANT Pension Number 													
Surname 													
First Name 													
Middle Name 													
Maiden Name 													
Title Init D.O.B ID No 													
Income Tax No Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partner													
E) CONTACT PARTICULARS OF APPLICANT													
Postal Address 		Residential Address 											
 		 											
 		 											
 		 											
Postal Code 		Postal Code 											
Tel No 		Cell No 											
E-Mail 													
ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE.													
Member/Pensioner Initial 		Commissioner of Oaths Initial 											

CHILD PENSION


- ✓ We pay a child's monthly pension (or annuity) when you, as the member die.
- ✓ To qualify, the children you leave behind must be your natural or legally adopted children:
- ✓ Benefit will be paid to the guardian of the minor child up to the age of 18, and thereafter between ages 18 – 22 directly to child's bank account
 - ✓ Up to the age of 22
 - ✓ Disabled children, irrespective of age, and ***factually dependent***.
- ✓ Child pensioners will also qualify for the funeral benefits

CHILD PENSION

✓ Child pension allocation

If a SPOUSE receives a benefit in terms of rule 14.5.3 on the death of the member/pensioner		If NO SPOUSE receives a benefit in terms of rule 14.5.3 on the death of the member/pensioner	
No. of eligible children	Benefit per eligible child	No. of eligible children	Benefit per eligible child
1	25.00%	1	25.00%
2	25.00%	2	25.00%
3	16.67%	3	25.00%
4	12.50%	4	25.00%
5 or more	10.00%	5	20.00%
		6	16.67%
		7	14.29%
		8	12.50%
		9	11.11%
		10 or more	10.00%

CHILD PENSION FORM

Government Employees Pension Fund (GEPF) Child Pension Application Private Bag 463 Pretoria SOUTH AFRICA 0001		GEPF USE ONLY - GEPF STAMPS 		CHP1 VALIDATE FORM BAR CODE Call Centre : 0800 117 669 E-mail : enquiries@gepf.co.za Website : www.gepf.co.za	
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APPLICATION FOR CHILD PENSION - GOVERNMENT EMPLOYEES PENSION FUND ONLY!

A) PARTICULARS OF DECEASED (Compulsory) 1. Type of Member: Contributing Member ☐ Pensioner ☐

2. Pension/CP No. _____ 3. Death Cert. No. _____

4. ID No. _____ (or) 5. Passport No. _____

6. Surname _____

7. First name _____

8. Middle names _____

9. Title _____ 10. Date of birth _____ 11. Date of death _____

B) PARTICULARS OF CHILD APPLYING FOR PENSION (Compulsory) 1. Child Income tax No. _____

2a. ID No. _____ (or) 2b. Passport No. _____

3. Surname _____

4. First name _____

5. Middle names _____

6. Title _____ 7. Relationship to deceased: Biological child ☐ Adopted child ☐

C) CONTACT PARTICULARS OF THE PERSON SUBMITTING THE APPLICATION FORM Guardian of a minor child ☐ Major child in own right ☐

1. Preferred contact method: E-mail ☐ Fax ☐ Post ☐ 2. Fax No. _____

3. Tel No. _____ 4. Cell No. _____

5. E-mail address _____

6. Postal address _____

7. Residential address _____

D) PARTICULARS OF GUARDIAN (Only applicable for minor children)

1. First Name _____ 2. Other Initials _____

3. Surname _____

4. ID No. _____ (or) Passport No. _____

5. Was the deceased married more than once? Yes ☐ No ☐ If Yes, complete below:

PARTICULARS OF PREVIOUS SPOUSE

6.a) Surname _____

6.b) First name _____ 6.c) Other Initials _____

6.d) Postal address _____

Applicant's Initial _____ Commissioner of Oaths Initial _____

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CHP1	
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6.e) Residential address _____

6.f) Tel No. _____ **6.g) Cell No.** _____

6.h) Spouse's status A. Deceased ☐ B. Still Married ☐ C. Divorced ☐ (Refer to compulsory attachments on overleaf)

E. PARTICULARS OF ALL CHILDREN OF THE DECEASED: COMPULSORY - If none, indicate "NONE" in SURNAME field.

IMPORTANT NOTICE: All children from this marriage or relationship, or any other/previous marriages or relationships must be declared. Spouse and Child benefits are calculated based on the number of beneficiaries - failure to declare beneficiaries will result in benefit recalculation, recovery of overpayment and other penalties.

1.a) Surname _____

1.b) First name _____

1.c) Other Initials _____ **1.d) Date of birth** _____ **1.e) Registered dependant of medical aid scheme:** Yes ☐ No ☐

1.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

1.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ **1.h) Status:** Under 22 ☐ Disabled ☐

1.i) Guardian Surname: _____

Guardian Initials: _____ **Guardian Contact Details:** _____

2.a) Surname _____

2.b) First name _____

2.c) Other Initials _____ **2.d) Date of birth** _____ **2.e) Registered dependant of medical aid scheme:** Yes ☐ No ☐

2.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

2.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ **2.h) Status:** Under 22 ☐ Disabled ☐

2.i) Guardian Surname: _____

Guardian Initials: _____ **Guardian Contact Details:** _____

3.a) Surname _____

3.b) First name _____

3.c) Other Initials _____ **3.d) Date of birth** _____ **3.e) Registered dependant of medical aid scheme:** Yes ☐ No ☐

3.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

3.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ **3.h) Status:** Under 22 ☐ Disabled ☐

3.i) Guardian Surname: _____

Guardian Initials: _____ **Guardian Contact Details:** _____

Applicant's Initial _____ Commissioner of Oaths Initial _____

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CHILD PENSIONS

CHP1

4.a) Surname

4.b) First name

4.c) Other Initials 4.d) Date of birth 4.e) Registered dependant of medical aid scheme: Yes ☐ No ☐

4.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

4.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ 4.h) Status: Under 22 ☐ Disabled ☐

4.i) Guardian Surname:

Guardian Initials: Guardian Contact Details:

5.a) Surname

5.b) First name

5.c) Other Initials 5.d) Date of birth 5.e) Registered dependant of medical aid scheme: Yes ☐ No ☐

5.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

5.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ 5.h) Status: Under 22 ☐ Disabled ☐

5.i) Guardian Surname:

Guardian Initials: Guardian Contact Details:

6.a) Surname

6.b) First name

6.c) Other Initials 6.d) Date of birth 6.e) Registered dependant of medical aid scheme: Yes ☐ No ☐

6.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

6.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ 6.h) Status: Under 22 ☐ Disabled ☐

6.i) Guardian Surname:

Guardian Initials: Guardian Contact Details:

7.a) Surname

7.b) First name

7.c) Other Initials 7.d) Date of birth 7.e) Registered dependant of medical aid scheme: Yes ☐ No ☐

7.f) Child of: Contributing member ☐ Pensioner ☐ Spouse ☐

7.g) Relationship: Biological child: ☐ Adopted child: ☐ Step child: ☐ 7.h) Status: Under 22 ☐ Disabled ☐

7.i) Guardian Surname:

Guardian Initials: Guardian Contact Details:

Applicant's Initial Commissioner of Oaths Initial
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F) NAME AND ADDRESS OF EXECUTOR OF THE ESTATE (Complete where available)

CHP1

1. Name

2. Postal address

3. Initials and Surname of Contact Person

4. Tel No.

DECLARATION

(Compulsory)

TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS

- I, do solemnly declare that I am:
- ☐ The guardian of the child of the deceased referred to under Section B,
OR,
☐ a major child of the deceased, applying in own right;
- I declare the foregoing particulars are entirely correct in every respect and I undertake to advise GEPF immediately if any change occurs, and,
that I am aware of the fact that should I fail to comply with the undertakings I will be responsible for any loss which may occur.

Where the applicant is using a thumb print, two witnesses must sign to confirm the identity of the applicant.

Witness 1.

Witness 2.

Date

Signature of Applicant (OR Thumb Print of Applicant where he/she cannot read/write)

This section needs to be completed by the Commissioner of Oaths:

Declared and signed before me on this (date)

Official Stamp of the Commissioner of Oaths

Signature of Comm. of Oaths

Full names

Surname

Designation

Postal address

The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.

PLEASE NOTE: PAYMENT WILL ONLY OCCUR ON RECEIPT OF THE ORIGINAL CHP1 FORM

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FUNERAL BENEFITS

- ✓ The purpose of funeral benefits is to help pay the funeral costs when a member or pensioner (or his / her spouse / child) dies.
- ✓ Funeral benefits are also paid on the death of the spouse, life partner or eligible child of a member or pensioner.
- ✓ **As from 1 October 2017 the amounts payable R15 000 in the event of the death of a member, pensioner or spouse of a member or pensioner and R6 000 payable in the event of the death of an eligible child**

FUNERAL BENEFIT – ELIGIBLE CHILD

- ✓ An eligible child is one of the following:
 - ✓ A natural or legally adopted child under the age of 18 years.
 - ✓ A natural or legally adopted child between the ages of 18 and 22 years who is a full-time student.
 - ✓ A natural or legally adopted child who is disabled and *factually dependent* on the parents.
 - ✓ A still-born child. This is a child born after 26 weeks of pregnancy who shows no signs of life. If the child was aborted, a funeral benefit is not payable.
- ✓ Stepchildren and children of other family members are not covered for this benefit unless the member or pensioner has legally adopted them.

FUNERAL BENEFIT FORM

 Government Employee Pension Fund FUNERAL BENEFIT CLAIM <small>SEE INSTRUCTIONS OVERLEAF</small>		 GEPP <small>GOVERNMENT EMPLOYEE PENSION FUND</small>		Z300 Bar Code
A) PERSONAL PARTICULARS OF MEMBER / PENSIONER (Compulsory)				
1. Member No.			or, CP Number: CP	2. Title
3. Surname				
4. Firstname				
5. Middle names				
6. Maiden name				
7. ID No.			(or) 8. Passport No.	
9. Date of birth				
11. Income Tax No.				
12. Employer name (Only for members)				
B) PARTICULARS OF APPLICANT (To be completed if the Applicant is not the Member/Pensioner, as per Section A)				
1. Surname			2. Date of birth	
3. Firstname			4. Other initials	
5. Middle names				
6. Income Tax No.				
7. ID No.			(or) 8. Passport No.	
9. Relationship to member:	Spouse <input type="checkbox"/> Major Child <input type="checkbox"/> Guardian of child <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Executor of Estate <input type="checkbox"/>			
10. Member No.	(Only needed if Applicant is also a member/pensioner)			
C) CONTACT PARTICULARS OF APPLICANT (Both postal and residential addresses must be supplied)(Compulsory)				
1. Nearest major Post Office with on-line access (needed for Post Office payments only)				
2. Postal address				
3. Residential address				
4. Tel No.		5. Preferred contact method: Postal <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>		
6. Fax No.		7. Cell No.		
8. E-mail address				
D) PARTICULARS OF DECEASED (Compulsory)				
1. Death Cert. number		2. Date of death		
3. Was the deceased the Contributing Member or Pensioner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, complete particulars below:				
4. Surname		5. Date of birth		
6. Firstname		7. Other initials		
8. Relationship to Member: Spouse <input type="checkbox"/> Child under 18 <input type="checkbox"/> Student under 22 <input type="checkbox"/> Disabled child over 18 <input type="checkbox"/>				
9. ID No.		(or) 10. Passport No.		
E) CERTIFICATION BY APPLICANT (Compulsory)				
I hereby certify that the particulars on this form, which have been verified against the relevant documents and records, are true and correct.				
		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Date signed		
Signature of Applicant (or thumb print if he/she cannot read/write)				

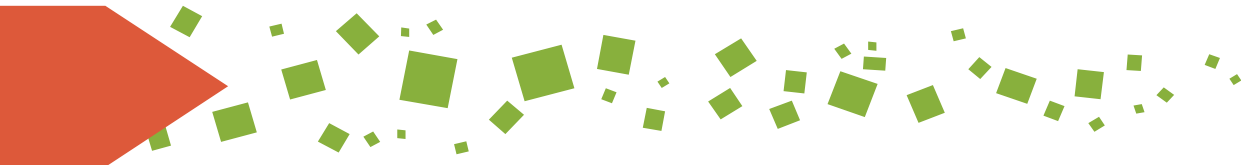
FORMS

- ✓ Available from the GEPF website
- ✓ Gepf.co.za
- ✓ Forms
- ✓ Member forms

CONTACT DETAILS

- ✓ GEPF has a national toll free Call Centre number: **0800 117 669**
- ✓ medical@gpaa.gov.za
- ✓ injuryonduty@gpaa.gov.za
- Email: gepf@thehotline.co.za
- Cellphone web App: www.thehotlineapp.co.za
- Website: www.thehotline.co.za
- email: forensic.enquiries@gpaa.gov.za
- www.gepo.co.za

QUESTIONS





THANK YOU

