



KELLY GROUP FLEXIBLE PROVIDENT FUND Notification of Death

FOR INTERNAL USE:

Co. Code	<input type="text"/>	Branch Code	<input type="text"/>
Assignee no.	<input type="text"/>	Consultant	<input type="text"/>
Branch Manager Signature	<input type="text"/>		

To be completed in the event of death of a member of the Fund.

Details of deceased member

First Names	<input type="text"/>	Surname	<input type="text"/>
Identity Number	<input type="text"/>	Date of Birth	<input type="text"/>
Date of Death:	<input type="text"/>	Employer	<input type="text"/>

Supporting documentation

Please supply original certified copies of the following documents within 90 days from the date of death:

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| Certified copy of Death certificate | Certified copy of Identity document of member |
| Certified copy of Identity document of beneficiaries | Certified copy of marriage certificate (if applicable) |
| Form D | Trustee Resolution |

Payment of benefits

Name of beneficiary	<input type="text"/>	Relationship to deceased	<input type="text"/>
Name of account holder	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account type	<input type="text"/>
Branch name	<input type="text"/>	Branch code	<input type="text"/>

Name of beneficiary	<input type="text"/>	Relationship to deceased	<input type="text"/>
Name of account holder	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account type	<input type="text"/>
Branch name	<input type="text"/>	Branch code	<input type="text"/>

Member's Taxation Details

Income Tax No.	<input type="text"/>	Revenue Office	<input type="text"/>
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Authorisation and Discharge

We hereby certify that the above information is true and correct in every detail and that Hollard Life is hereby authorised to make payment as stated above. We agree that payment either by crossed cheque or Electronic Fund Transfer shall constitute good and effectual settlement and shall be full and final discharge to Hollard Life and/or the Fund, of its liability in terms of the Rules of the Fund. We indemnify Hollard Life and the Fund if payment is made by crossed cheque and the cheque is stolen.

Signature of Employer representative	<input type="text"/>	Date	<input type="text"/>
Full Name	<input type="text"/>	Designation	<input type="text"/>

This form is only valid if signed by a representative of the Employer