

## Legacy Beneficiary Fund

### Application for change of guardianship

Note: This application form consists of 4 pages. Please ensure that all 4 pages are FULLY completed.

For speedy payment of benefits, we require certified copies (containing the **full names and street address** of the Commissioner of Oaths) of the undermentioned documents:

Checklist of documents:		Attached	
1	Identity Document or Smart ID card (include both sides) of the new guardian.	YES	NO
2	Death certificate of the previous guardian.	YES	NO
3	Witness' Identity Document or Smart ID card (include both sides) (the witness must be family of the deceased member/guardian).	YES	NO
4	Children's birth/baptismal certificates, clinic cards, Identity Document or Smart ID card (include both sides).	YES	NO
5	Bank statement or bank mandate of the new guardian (not older than three months).	YES	NO

#### SECTION A: Particulars of the deceased member

Title and initials:		Date of birth:	
Full names and surname:			
Member number:		Date of death:	

#### SECTION B: Particulars of new guardian

Relationship to deceased:	Spouse		Child		Parent		Brother		Sister		Other	
Title and initials:					Date of birth:							
Full names and surname:												
Contact number(s):	Home:				Work:				Cell:			
E-mail address:												
Home Address:					Postal Address:							
Name of bank:					Name of account holder:							
Account number:					Branch code:							
Account type:	Savings		Cheque		Current		Transmission					

Please note the following:

- Payments cannot be made to credit card or bond accounts.
- Payments cannot be made to a third party.
- Payments cannot be split into different bank accounts.
- A Post Office savings account is not acceptable.

### SECTION C: Declaration of guardianship (to be completed by the new guardian)

I, \_\_\_\_\_ (full name of guardian),

Identity number \_\_\_\_\_, hereby declare that I am the guardian of the following children:

Name of child/children	Date of birth	Member number

I also declare that:

- I will take care of them with the money that the Fund will pay me towards the child/children's care and I will ensure that they attend school until they are independent.
- I undertake to inform the Fund of their well-being. If I fail to do so, I will receive a penalty for negligence.
- I undertake to advise the Fund immediately should any of the abovementioned children leave school/ a tertiary institution, or for any other reason cease to be dependent on me for support.
- I am aware of the fact that should I fail to comply with this undertaking, any overpayment of benefits which may occur, together with interest thereon, will be recovered from me.

\_\_\_\_\_  
**Signature or right hand thumbprint of new guardian \***

\* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.

Signed and sworn to before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

### To be completed by Clergyman, Justice of the Peace or Commissioner of Oath

Signature:		Official stamp
Full name and surname:		
Position held:		
Street address:		
Area:		
Force number:		

**SECTION D: Declaration by witness (family member of the deceased member/guardian)**

I, \_\_\_\_\_ (full name of witness),

Identity number \_\_\_\_\_, declare herewith under oath that, to the best of my knowledge, the new guardian:

- is a spouse/parent/brother/sister/other dependant (indicate which is applicable) of the deceased, and
- was dependent on the deceased guardian.

My relationship to the deceased \_\_\_\_\_

My address \_\_\_\_\_

My telephone number \_\_\_\_\_

**Note: The witness must be a member of the deceased’s family.**

**Signature or right hand thumbprint of new guardian \***

\* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.

Signed and sworn to before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

**To be completed by Clergyman, Justice of the Peace or Commissioner of Oath**

Signature:		Official stamp
Full name and surname:		
Position held:		
Street address:		
Area:		
Force number:		

**Disclaimer**

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.