



# Agri and Affiliated Sectors Provident Fund

Website: [www.aspf.co.za](http://www.aspf.co.za)  
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## Notification of Death Form (employer to complete)

### Confidential

#### Section A: Member's personal particulars (Please include a copy of Identity/Passport document)

Employer Fund name											
Initials and surname											
Membership number											
ID/Passport number											
Date of birth	D	D	M	M	C	C	Y	Y			
Tax reference number											

#### Section B: Particulars of member's death (Please include a certified copy of death certificate)

Date of birth	D	D	M	M	C	C	Y	Y			
Was the member in the full-time service of the employer at date of death?	Yes		No								
• If "No", please provide details											
Was the member in the process of applying for a disability benefit?	Yes		No								
• If "Yes", please provide details											
Has the Employer's Investigation Form been completed and submitted to the Fund?	Yes		No								
• If "Yes", please attach completed form to this notification.											

#### Section C: Member's financial particulars

Date of last contribution to the Fund	D	D	M	M	C	C	Y	Y			
Amount of last contribution to the Fund	R										
Annual pensionable salary at date of death	R										

(Please include a copy of the member's salary slip)

Claims by employer against member for fraud/dishonesty/misconduct	Yes		No								
• Please include a copy of the member's written admission of liability or court order awarding compensation to the employer.											
Pension-backed housing loan	Yes		No								
• Please include document(s) confirming the housing loan/collateral.											

#### Section D: Declaration by employer representative

I, the undersigned representative of the employer, hereby certify that all particulars furnished in this Form and accompanying documents are true and correct.

\_\_\_\_\_  
Signed on behalf of employer

Designation											
Full name											
Date	D	D	M	M	C	C	Y	Y			