EVIDENCE OF SURVIVAL FORM
2026/2027

Please complete this form and e-mail it to eos@eppf.co.za to update your record. The form must be submitted together with a certified copy of your ID or passport.

I, the undersigned pensioner,

Pension Number:									Pensioner ID/Passport:										
Special Needs	Blind			Deaf			Frail			Old Age Home			Other						
Date of Birth:	Y	Y	Y	Y	M	M	D	D	Marital Status	S		M		D		W			
All names in full:									Spouse	Y	Y	Y	Y	M	M	D	D		
Surname:									Date of	Y	Y	Y	Y	M	M	D	D		
Postal Address:																			
									Postal Code:										
Home Address:																			
									Postal Code:										
Email Address:									Fax Number:										
Telephone No.:									Cellphone No:										
									Tax Reference No.										
Contact details of caregiver / next of kin / alternative contact:																			
Name:									Relationship:										
Address																			

Email Address:		Contact No.:	

I do hereby declare that I am the person (Pensioner/Beneficiary) entitled to receive pension and that I am alive on the date stated below. I acknowledge that it is a serious offence to make a false statement.

Date: _____

Signature: _____

Pensioner/Beneficiary

Signed and sworn/affirmed before me at_____on this_____day of_____

Signature: _____

Commissioner of Oaths

Name:_____

Commissioner of Oaths

Contact details_____

Commissioner of Oaths

Stamp of
Commissioner of
Oaths / bank official