



**RENUNCIATION OF CLAIM IN RESPECT OF LUMP SUM DEATH BENEFITS**

Estate Late (Full Names and Surname): \_\_\_\_\_

Unique Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

**PLEASE NOTE:**

A potentially dependent adult of the deceased member who does not wish to claim or receive a portion of the lump sum death benefit from the Eskom Pension and Provident Fund (“EPPF”) should complete and sign this form before a Commissioner of Oaths. The form must then be forwarded to the EPPF together with a certified copy of his / her identity document. Should there be more than one potential dependent that does not wish to claim the lump sum benefit from the EPPF he / she may copy this blank form, complete and attach a certified copy of his / her identity document.

The following persons qualify as dependants to the extent that it is not inconsistent with the Pension Funds Act No. 24 of 1956:

- (a) Any person in respect of whom the member is legally liable for maintenance / financial support;
- (b) Any person in respect of whom the member is not legally liable for maintenance, if such person-
  - (i) was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;
  - (ii) is the legal / customary spouse; permanent life partner of the member; previous spouse of the member and if member was / is liable for maintenance of previous spouse in terms of divorce agreement and maintenance order.
  - (iii) is a minor / major child of the deceased member, including a posthumous (unborn) child, an adopted child and a child born out of wedlock (marriage);
- (c) Any person in respect of whom the member would have become legally liable for maintenance / financial support, had the member not died.

The rules of the EPPF define a spouse as:

a person who is the permanent life partner or spouse or civil union partner of a member, in terms of the Marriages Act 68 of 1961, the Recognition of Customary Marriages Act 120 of 1998, or the Civil Union Act 17 of 2006, or the tenets of a religion.

**DECLARATION BY PERSON WHO RENOUNCES RIGHT TO CLAIM BENEFITS**

I, the undersigned (Full Names and Surname): \_\_\_\_\_

ID Number: \_\_\_\_\_, Telephone Number: \_\_\_\_\_,

Relationship to deceased member: \_\_\_\_\_,

Physical Address: \_\_\_\_\_

do hereby declare under oath that I,

- hereby renounce any potential claim, right, title or interest in and to any benefit arising from the above-mentioned fund;
- acknowledge that the trustees will rely on this Renunciation of Claim Benefits Form in distributing said benefit;
- will not be considered by the trustees for the allocation of benefits in respect of the above fund;
- do not hold the trustees or EPPF liable for the repercussions of my decision;
- confirm that I am in full knowledge of my rights and that I voluntarily waive any potential claim to benefits payable in terms of the rules of the above-mentioned fund; and

- I understand that this Renunciation of Benefits Form shall be binding upon myself, my heirs, executors, legal representatives and assigns.

The reason(s) for the renunciation is / are:

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Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Deponent

\_\_\_\_\_  
Full Names and Surname

I certify that the deponent has acknowledged that he / she knows and understands the content of the affidavit, which was sworn / affirmed before me and his / her signature was placed thereon in my presence.

\_\_\_\_\_  
Signature of Commissioner of Oaths

\_\_\_\_\_  
Name of Commissioner of Oaths

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Contact Number

Physical Address:

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**Official stamp of**

**Commissioner of Oaths**