

2023/2024 EVIDENCE OF SURVIVAL FORM

Please complete this form and submit it along with a certified copy of your ID or passport to webupdate@eppf.co.za.

Pension Number											Pensioner ID / Passport No																			
Special Needs	Blind				Deaf				Frail				Old Age Home							Other										
Date of Birth	Y	Y	Y	Y	M	M	D	D	Current Marital Status:					S				M				D				W				
All names as per ID											Spouse D.O.B:					Y	Y		Y	Y	M	M	D	D						
Surname											Date of Marriage					Y	Y		Y	Y	M	M	D	D						
Postal Address																														
																Postal Code:														
Home Address																														
																Postal Code														
Email Address																														
Telephone No											Cellphone No																			
										Tax Reference No																				
<i>Contact details of caregiver / next of kin / alternative person to contact:</i>																														
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:

Date: _____

Signature: _____

Pensioner/Beneficiary/Guardian to sign (in the case of a minor/disabled child or disabled adult)

Guardian's name and surname: _____

Signed and sworn/affirmed before me at _____ on this _____ day of _____

Signature: _____
Commissioner of Oaths/Notary

Name: _____
Commissioner of Oaths/Notary

Contact details: _____
Commissioner of Oaths/Notary

Stamp of Commissioner
of Oaths / bank
official/Notary