

**HEAD OFFICE:**  
 Government Employees Pension Fund  
 Special Pensions  
 34 Hamilton Street  
 Pretoria



**SPA 2**

*[For office use only]*

SP No: 

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Private Bag X68  
 Pretoria  
 0001

**TEL: 0807 723 646 (TOLL FREE)**

## APPLICATION FOR SURVIVOR BENEFITS

**RELATIONSHIP WITH DECEASED**

(Please tick)

Are you applying as a

<b>Dependent</b>	
<b>Child</b>	
<b>Orphan</b>	
<b>Spouse</b>	

Did the deceased apply for a Special Pension before?

YES	NO
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If yes, what is his/her SP no?

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If Yes, complete part 1,2 and 4
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If No, complete part 1,2,3 and 4
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**PART 1: PERSONAL INFORMATION OF APPLICANT**

<b>1.1</b>	<b>Surname</b>	
<b>1.2</b>	<b>Full name</b>	
<b>1.3</b>	<b>Title</b>	
<b>1.4</b>	<b>Marital Status</b>	
<b>1.5</b>	<b>Identity/Passport number</b>	
<b>1.6</b>	<b>Home address</b>	
<b>1.7</b>	<b>Postal address</b>	
<b>1.8</b>	<b>Postal code</b>	
<b>1.9</b>	<b>Contact numbers (Tel)</b>	
<b>1.10</b>	<b>Contact numbers (Cell)</b>	
<b>1.11</b>	<b>What is your relationship to the deceased?</b>	

Applicant initial \_\_\_\_\_

Official initial \_\_\_\_\_



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**PART 2: DETAILS OF DECEASED**

2.1	Surname of the deceased									
2.2	Full names of the deceased									
2.3	Identity/Passport number of the deceased									
2.4	Place of birth									
2.5	Date of death	Y	Y	Y	Y	M	M	D	D	
2.6	Place of death									
2.7	Death certificate number									
2.8	Last known residential address									
2.9	Last known postal address									
2.10	Marital status of the deceased at time of death									
2.11	Names of dependents/family members of the deceased									

Name	Relationship	Identity number

**FURTHER DETAILS OF THE DECEASED**

2.12	Did the deceased have a surviving spouse?	Yes	No
2.13	Are you the surviving spouse of the deceased?	Yes	No
2.14	If the deceased died on or after 1 December 1996 was the deceased a recipient of a Special Pension at the time of death?	Yes	No
2.15	Was the deceased aged 30 years of age or between 30 and 35 years of age on 1 December 1996?	Yes	No



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**3.7** State the period/periods prior to 2 February 1990 during which he/she was engaged full-time in the service of a political organisation/s that prevented him/her from providing for a pension.

<b>From</b>	Y	Y	Y	Y	M	M	D	D	to	Y	Y	Y	Y	M	M	D	D	<b>Place of service</b>	
<b>From</b>	Y	Y	Y	Y	M	M	D	D	to	Y	Y	Y	Y	M	M	D	D	<b>Place of service</b>	

**3.8** Did the deceased receive any remuneration from an institution, other than that political organisation/s during the period/periods that he/she was engaged in its full time service prior to 2 February 1990? Yes No

**3.9** If so, provide details of the remuneration received and the institution from which it was received.

Remuneration	Institution

**3.10** Was the deceased prevented from providing for a pension because he/she was restricted, banned, banished, or prevented from leaving or being at a particular place prior to 2 February 1990 as a result of an order issued in terms of any law? Yes No

**3.11** Which place/places was the deceased restricted, banned, banished, or prevented from leaving or being at as a result of the order?

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**3.12** In terms of which law was the order issued?


**3.13** Was he/she prevented from providing for a pension because he/she was imprisoned prior to 2 February 1990 for any offence committed with a political objective? Yes No

**3.14** If your answer was yes in 2.14 please provide details.

<b>From</b>	Y	Y	Y	Y	M	M	D	D	to	Y	Y	Y	Y	M	M	D	D	<b>Place of imprisonment</b>		<b>Nature of crime</b>	
<b>From</b>	Y	Y	Y	Y	M	M	D	D	to	Y	Y	Y	Y	M	M	D	D	<b>Place of imprisonment</b>		<b>Nature of crime</b>	





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**PART 4: RELATIONSHIP WITH DECEASED**

Are you a	<b>Dependent</b>		Complete part 4.1
	<b>Child</b>		Complete part 4.2
	<b>Orphan</b>		Complete part 4.3
	<b>Spouse</b>		Complete part 4.4

**PART 4.1. PRE-REQUISITES FOR BEING RECOGNISED AS A DEPENDENT**

<b>4.1</b>	<b>Indicate your dependence on the deceased by marking one of the following:</b>	
<b>(a)</b>	<b>The deceased was legally liable for my maintenance; or</b>	
<b>(b)</b>	<b>The deceased was not legally liable for my maintenance, but I:</b>	

<b>(i)</b>	<b>Was at the time of the death of the deceased in fact dependent on the deceased for maintenance; or</b>	
<b>(ii)</b>	<b>Am the spouse of the deceased, including a party to a customary union or a union recognised as a marriage under any religion; or</b>	
<b>(iii)</b>	<b>Am a child of the deceased, including a posthumous child, an adopted child and a child born out of wedlock; or</b>	

<b>(c)</b>	<b>The deceased would have become legally liable for my maintenance, had the deceased not died; or</b>	
<b>(d)</b>	<b>None of the above.</b>	
<b>(e)</b>	<b>If you are not the only dependent, please provide details of other dependent/s.</b>	

<b>Name</b>	<b>Surname</b>	<b>ID number</b>	<b>Contact details</b>	<b>Address if known</b>



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**PART 4.2. PRE-REQUISITES FOR BEING RECOGNISED AS A CHILD OF THE DECEASED**

<b>4.2</b>	<b>Are you a child of the deceased pensioner including a posthumous child, an adopted child and a child born out of wedlock, that: (mark one of the following)</b>	
<b>(a)</b>	is under the age of 18; or	
<b>(b)</b>	is under the age of 23 and a full-time student; or	
<b>(c)</b>	Suffers from a permanent and total disability on the (date of the death of the deceased), irrespective of your age; or	
<b>(d)</b>	None of the above.	
<b>(e)</b>	If you are not the only child, please provide details of other children.	

Name	Surname	ID number	Contact details	Address if known

**PART 4.3. PRE-REQUISITES FOR BEING RECOGNISED AS AN ORPHAN OF THE DECEASED**

<b>4.3</b>	<b>Are you a child of the deceased pensioner that: (mark one of the following)</b>	
<b>(a)</b>	has no surviving parent or of whom the other parent is unknown; or	
<b>(b)</b>	has a surviving parent, but the whereabouts of that parent are unknown; or	
<b>(c)</b>	has a surviving parent, but has been abandoned by that parent; or	
<b>(d)</b>	None of the above.	
<b>(e)</b>	If you are not the only orphan, please provide details of other orphans.	

Name	Surname	ID number	Contact details	Address if known



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**PART 4.4. PRE-REQUISITES FOR BEING RECOGNISED AS SPOUSE**

<b>4.4</b>	<b>Indicate the nature of your relationship with the deceased by marking one of the following:</b>	
<b>(a)</b>	<b>A marriage</b>	
<b>(b)</b>	<b>A union contracted in accordance with customary law or which is recognised as a marriage in accordance with the tenets of any religion</b>	
<b>(c)</b>	<b>A continuous cohabitation in a homosexual or heterosexual partnership for a period of at least 5 years</b>	
<b>(d)</b>	<b>None of the above</b>	
<b>(e)</b>	<b>If you are not the only spouse, please provide details of other spouse.</b>	

<b>Name</b>	<b>Surname</b>	<b>Identity number</b>	<b>Contact details</b>	<b>Address if known</b>

**Please attach the following required documents:**

**Certified copies of:**

- Identity document of applicant and (deceased if available)
- All supporting documents (newspapers, prison records, etc)

***If you have completed part 3 please attach the following***

- Detailed Political Biography (when, where, period served, nature of service, political objective)
- Banning orders
- Restriction orders
- VRAF (Voluntary Repatriation Application Form) (if available)
- Certificate of service: Political organisation
- Two supporting affidavits confirming service
- Presumption of death (issued by court)

***Other documents to be attached***

- Marriage certificate or customary marriage affidavit
- Death certificate
- Proof of relationship, affidavit (one from applicant and one from independent person)
- Birth certificate
- Certificate of service/testimonial confirming service of deceased
- Any other documents as required by Special Pensions
- Certificate to certify total and permanent disability

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## AFFIDAVIT

I, the undersigned (Full Names), \_\_\_\_\_

1. I am the applicant whose details appear in this application form;
2. The content of the said application form falls within my personal knowledge, unless stated otherwise, and are both true and correct;

\_\_\_\_\_  
DEPONENT SIGNATURE

\_\_\_\_\_  
IDENTITY NUMBER

\_\_\_\_\_  
DATE

1. I certify that before administering the oath/affirmation I asked the deponent the following and wrote down his/her answers in his/her presence.

1.1. Do You Know And Understand The Contents Of The Declaration?

Answer: \_\_\_\_\_

1.2. Do You Have Any Objection In Taking The Prescribed Oath?

Answer: \_\_\_\_\_

1.3. Do You Consider The Prescribed Oath To Be Binding On Your Conscience?

Answer: \_\_\_\_\_

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit which was signed and affirmed before me at \_\_\_\_\_(Place) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
COMMISSIONER OF OATHS (NAME)

\_\_\_\_\_  
COMMISSIONER OF OATHS (SIGNATURE)

\_\_\_\_\_  
DATE

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**TEL: 0807 723 646 (TOLL FREE)****SECTION A: RECEIPT OF APPLICATION [For Office Use]****Dear Applicant**

This is to confirm receipt of your application. Once assessed you will be advised of further progress.

If you have any queries relating to your application or the process please contact the nearest regional office.

*To be completed by the Office Administrator:*

<b>Acknowledge submission of application forms Applicant's information</b>	
<b>Surname</b>	
<b>Full Names</b>	
<b>Title</b>	
<b>Identity/ Passport number</b>	
<b>Signature of applicant</b>	
<b>Date of submission</b>	

<b>Acknowledge receipt of application form Administrator's Information</b>	
<b>Surname</b>	
<b>Name</b>	
<b>Regional Office</b>	
<b>Regional Office contact no:</b>	
<b>Signature</b>	
<b>Date of receipt</b>	

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**SECTION B: RECEIPT OF APPLICATION**

***Dear Applicant***

This is to confirm receipt of your application. Once assessed you will be advised of further progress.

If you have any queries relating to your application or the process please contact the nearest regional office.

*To be completed by the Office Administrator:*

Acknowledge submission of application forms Applicant's information	
<b>Surname</b>	
<b>Full Names</b>	
<b>Title</b>	
<b>Identity/ Passport number</b>	
<b>Signature of applicant</b>	
<b>Date of submission</b>	

Acknowledge receipt of application form Administrator's Information	
<b>Surname</b>	
<b>Name</b>	
<b>Regional Office</b>	
<b>Regional Office contact no:</b>	
<b>Signature</b>	
<b>Date of receipt</b>	

***\* Tear off this page and provide to applicant \****