



SEE INSTRUCTIONS OVERLEAF

Bar Code

TYPE OF TRANSACTION (Select only one type) - PENSION FOR: SPOUSE OR ORPHAN(S)

A) PARTICULARS OF DECEASED (Compulsory) 1. Type of Member: Contributing Member Pensioner Spouse

2. Pension/CP No. 3. Death Cert. No.

4. ID No. (or) 5. Passport No.

6. Surname

7. Firstname

8. Middle names

9. Title 10. Date of birth 11. Date of death

B) PARTICULARS OF PERSON APPLYING FOR PENSION (Compulsory)

1. ID No. (or) 2. Passport No.

3. Surname

4. Firstname

5. Middle names

6. Title 7. Relationship to deceased: Spouse Major Child (over 18) Guardian of Children

C) CONTACT PARTICULARS OF APPLICANT (Compulsory)

1. Preferred Contact: Postal Fax E-mail (Select one) 2. Fax No.

3. Tel No. 4. Cell No.

5. E-mail address

6. Postal address

7. Residential address

D) PARTICULARS OF SPOUSE/LIFE PARTNER (Only needed for spouse's pension applications)

1. Date of birth 2. Income tax No.

3. Maiden name

4. Date of marriage 5. Marital type: A. Religion B. Customary Union C. Civil D. Life Partner

5. Was the deceased married **more** than once? Yes No If Yes, complete below:
(Any type of marriage: Religious, Customary Union or Civil)

6. PARTICULARS OF PREVIOUS / OTHER SPOUSE OR GUARDIAN OF CHILDREN OF THE DECEASED

6.a) Surname

6.b) Firstname 6.c) Other Initials

6.d) Postal address

Applicant's Initial

Commissioner of Oaths Initial

13751

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE RELEVANT PARTIES MUST INITIAL THIS PAGE



6.e) Residential address: [Grid of 24 boxes for address]

6.f) Tel No.: [Grid of 10 boxes for telephone number]

6.g) Cell No.: [Grid of 10 boxes for cell number]

6.h) Spouse's Status: A. Deceased B. Still Married C. Divorced (Refer to compulsory attachments on overleaf)

6.i) Relationship to member: Spouse Guardian of Children

E. PARTICULARS OF CHILDREN OF THE DECEASED OR FROM PREVIOUS MARRIAGE / LIFE PARTNERSHIP
 (Compulsory for Spouse's or Orphan's Pension applications) (If no Children State NONE in the Surname Field)

1.a) Surname: [Grid of 24 boxes]

1.b) Date of birth: [Grid of 10 boxes: C C Y Y M M D D]

1.c) Firstname: [Grid of 24 boxes]

1.d) Other initials: [Grid of 4 boxes]

1.e) Child of: Contributing Member Pensioner Spouse

1.f) Orphan: Yes No

1.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

1.h) Status: Under 18 Full Time Student Disabled 18 and Older

1.i) Registered dependant of medical aid scheme: No Yes

2.a) Surname: [Grid of 24 boxes]

2.b) Date of birth: [Grid of 10 boxes: C C Y Y M M D D]

2.c) Firstname: [Grid of 24 boxes]

2.d) Other initials: [Grid of 4 boxes]

2.e) Child of: Contributing Member Pensioner Spouse

2.f) Orphan: Yes No

2.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

2.h) Status: Under 18 Full Time Student Disabled 18 and Older

2.i) Registered dependant of medical aid scheme: No Yes

3.a) Surname: [Grid of 24 boxes]

3.b) Date of birth: [Grid of 10 boxes: C C Y Y M M D D]

3.c) Firstname: [Grid of 24 boxes]

3.d) Other initials: [Grid of 4 boxes]

3.e) Child of: Contributing Member Pensioner Spouse

3.f) Orphan: Yes No

3.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

3.h) Status: Under 18 Full Time Student Disabled 18 and Older

3.i) Registered dependant of medical aid scheme: No Yes

4.a) Surname: [Grid of 24 boxes]

4.b) Date of birth: [Grid of 10 boxes: C C Y Y M M D D]

4.c) Firstname: [Grid of 24 boxes]

4.d) Other initials: [Grid of 4 boxes]

4.e) Child of: Contributing Member Pensioner Spouse

4.f) Orphan: Yes No

4.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

4.h) Status: Under 18 Full Time Student Disabled 18 and Older

4.i) Registered dependant of medical aid scheme: No Yes

5.a) Surname: [Grid of 24 boxes]

5.b) Date of birth: [Grid of 10 boxes: C C Y Y M M D D]

5.c) Firstname: [Grid of 24 boxes]

5.d) Other initials: [Grid of 4 boxes]

5.e) Child of: Contributing Member Pensioner Spouse

5.f) Orphan: Yes No

5.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

5.h) Status: Under 18 Full Time Student Disabled 18 and Older

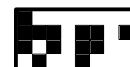
5.i) Registered dependant of medical aid scheme: No Yes

Applicant's Initial [Grid of 10 boxes]

Commissioner of Oaths Initial [Grid of 10 boxes]

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6.a) Surname [Grid]

6.b) Date of birth [C C Y Y M M D D]

6.c) Firstname [Grid]

6.d) Other initials [Grid]

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7.a) Surname [Grid]

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7.c) Firstname [Grid]

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8.c) Firstname [Grid]

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8.f) Orphan: Yes No

8.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

8.h) Status: Under 18 Full Time Student Disabled 18 and Older

8.i) Registered dependant of medical aid scheme: No Yes

9.a) Surname [Grid]

9.b) Date of birth [C C Y Y M M D D]

9.c) Firstname [Grid]

9.d) Other initials [Grid]

9.e) Child of: Contributing Member Pensioner Spouse

9.f) Orphan: Yes No

9.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

9.h) Status: Under 18 Full Time Student Disabled 18 and Older

9.i) Registered dependant of medical aid scheme: No Yes

10.a) Surname [Grid]

10.b) Date of birth [C C Y Y M M D D]

10.c) Firstname [Grid]

10.d) Other initials [Grid]

10.e) Child of: Contributing Member Pensioner Spouse

10.f) Orphan: Yes No

10.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

10.h) Status: Under 18 Full Time Student Disabled 18 and Older

10.i) Registered dependant of medical aid scheme: No Yes

11.a) Surname [Grid]

11.b) Date of birth [C C Y Y M M D D]

11.c) Firstname [Grid]

11.d) Other initials [Grid]

11.e) Child of: Contributing Member Pensioner Spouse

11.f) Orphan: Yes No

11.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

11.h) Status: Under 18 Full Time Student Disabled 18 and Older

11.i) Registered dependant of medical aid scheme: No Yes

12.a) Surname [Grid]

12.b) Date of birth [C C Y Y M M D D]

12.c) Firstname [Grid]

12.d) Other initials [Grid]

12.e) Child of: Contributing Member Pensioner Spouse

12.f) Orphan: Yes No

12.g) Relationship: Natural Child Adopted Child Stepchild (Refer to compulsory attachments on overleaf)

12.h) Status: Under 18 Full Time Student Disabled 18 and Older

12.i) Registered dependant of medical aid scheme: No Yes

Applicant's Initial

[Initial Box]

Commissioner of Oaths Initial

[Initial Box]



Instructions for Completing Form Z143: Applying for Spouse's and Orphan's Pension (GEPF Fund only)

1. Refer to the **checklist** for attachments required.
2. **One character** must appear in each of the blocks that make up the field value. Use **CAPITAL LETTERS and black ink**. The text must stay within the boundaries of the block for each character.
3. Application forms must be posted or delivered to the GEPF at:

Call Centre:	012 319 1000		
Fax Number:	012 326 2507		
E-mail:	enquiries@gepf.co.za		
Physical Address:	Pensions Building 34 Hamilton Street Arcadia Pretoria	Postal Address:	GEPF Private Bag X63 Pretoria 0001

4. A **spouse** can apply for pension **upon the death of a member or pensioner** by submitting the original **Z143** form with attachments to the GEPF. Only the spouse or life partner can complete the form if applying for Spouse's Pension.
5. A **separate application form** needs to be submitted by each applicant applying for Spouse's Pension.
6. Breakdown of **covered persons, who may receive the money and who may facilitate the application** of the Orphan's Pension benefit:

Entity Involved	Covered Person	Entitled to Payment	Can be Applicants
Child under 18 of the member/pensioner	✓	X	X
Student (Child) under 22 of the member/pensioner	✓	✓	✓
Disabled child over 18 of the member/pensioner	✓	✓	✓
Master of the Supreme Court for administration	X	✓	X
Trust fund	X	✓	X
Guardian of a minor child of the member/pensioner	X	X	✓

7. **DATE OF DEATH:** The date must correspond with the date on the death certificate issued by the Department of Home Affairs as well as the date on the Withdrawal from Fund Application Form – Z102 (where applicable).
8. **DEATH CERTIFICATE NUMBER:** Number allocated on the Death Certificate by the Department of Home Affairs on registration of such death.