

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

Private Bag X68
 Pretoria
 0001

TEL: 0807 723 646 (TOLL FREE)



SPA 3

[For office use only]

SP No:

--	--	--	--	--	--	--	--

APPLICATION FOR FUNERAL BENEFITS

TO BE COMPLETED UPON THE DEATH OF A PENSIONER, HIS OR HER SPOUSE OR CHILD

Are you a

Dependent	
Child	
Orphan	
Spouse	
Next of kin	
Any other	

PART 1: PERSONAL INFORMATION OF APPLICANT

1.1	Surname	
1.2	Full name	
1.3	Title	
1.4	Marital Status	
1.5	Identity/Passport number	
1.6	Home address	
1.6	Postal address	
1.7	Postal code	
1.8	Contact numbers (Tel)	
1.9	Contact numbers (Cell)	

FURTHER DETAILS OF THE DECEASED

1.11	Did the deceased have a surviving spouse / dependent / child?	Spouse	Yes	No
		Dependent	Yes	No
		Child	Yes	No
1.12	If the deceased died on or after 1 December 1996 was he/she awarded a special pension before he/she died?		Yes	No
1.13	If the deceased died before 1 December 1996 did the spouse/child receive a Special Pensions survivor's lump sum benefit?		Yes	No
1.14	State the Special Pensions reference number under which the survivor's lump sum benefit was paid to a survivor or the special pension was awarded to the deceased.			

Applicant initial _____

Official initial _____

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

SPA 3



Private Bag X68
 Pretoria
 0001

TEL: 0807 723 646 (TOLL FREE)

PART 2: PERSONAL INFORMATION 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	SP number	
2.7	Death certificate number	
2.8	Marital status of the deceased at time of death	
2.9	Last known address	
2.10	Residential address	
2.11	Postal address	
2.12	Names of family members of the deceased, such as dependents, spouse, children, orphans	
	Name	Relationship
		Identity number

Please attach the following required documents:

Certified copies of:

- Identity document of applicant and (deceased if available)
- Proof of funeral expenses
- Marriage certificate or customary marriage affidavit
- Death certificate
- Proof of relationship, affidavit (one from applicant and one from an independent person)
- Birth certificate (if deceased is a minor)
- Any other documents as required by Special Pensions
- Please complete the Z894 Banking form

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

Private Bag X68
Pretoria
0001

TEL: 0807 723 646 (TOLL FREE)

SPA 3



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

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



SPA 3

SP No:

--	--	--	--	--	--	--	--

Private Bag X68
Pretoria
0001

TEL: 0807 723 646 (TOLL FREE)

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	
Surname	
Full Names	
Title	
Identity/ Passport number	
Signature of applicant	
Date of submission	

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

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

Private Bag X68
Pretoria
0001

TEL: 0807 723 646 (TOLL FREE)



SPA 3

SP No:

--	--	--	--	--	--	--	--

RECEIPT OF APPLICATION (DUPLICATE)

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	
Surname	
Full Names	
Title	
Identity/ Passport number	
Signature of applicant	
Date of submission	

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

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