

SEE INSTRUCTIONS OVERLEAF

APPLICATION FOR CHILD PENSION - GOVERNMENT EMPLOYEES PENSION FUND ONLY!

A) PARTICULARS OF DECEASED (Compulsory)	1. Type of Member: Contributing Member	Pensioner
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2. Pension/CP No.										3. Death Cert. No.												
4. ID No.										(or) 5. Passport No.												
6. Surname																						
7. First name																						
8. Middle names																						
9. Title					10. Date of birth	C	C	Y	Y	M	M	D	D	11. Date of death	C	C	Y	Y	M	M	D	D

B) PARTICULARS OF CHILD APPLYING FOR PENSION **1.** Child Income tax No. _____
(Compulsory) _____

[illegible]

C) CONTACT PARTICULARS OF THE PERSON SUBMITTING THE APPLICATION FORM	Guardian of a minor child	Major child in own right
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1. Preferred contact method	E-mail	Fax	Post	2. Fax No.	C	O	D	E											
3. Tel No.	C	O	D	E															
4. Cell No.																			
5. E-mail address																			
6. Postal address																			
7. Residential address																			

D) PARTICULARS OF GUARDIAN (Only applicable for minor children)

1. First Name		2.	Other Initials	
3. Surname				
4. ID No.		(or) Passport No.		
5. Was the deceased married more than once? Yes No If Yes, complete below:				

PARTICULARS OF PREVIOUS SPOUSE

[illegible]**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**

E. PARTICULARS OF ALL CHILDREN OF THE DECEASED: COMPULSORY - if none, indicate "NONE" in SURNAME field.

IMPORTANT NOTICE: All children from this marriage or relationship, or any other/previous marriages or relationships must be declared. Spouse and Child benefits are calculated based on the number of beneficiaries - failure to declare beneficiaries will result in benefit recalculation, recovery of overpayment and other penalties.

1.a) Surname																																					
1.b) First name																																					
1.c) Other initials					1.d) Date of birth							1.e) Registered dependant of medical aid scheme:	<div style="display: flex; justify-content: space-between;"> Yes No </div>																								
1.f) Child of:	Contributing member										Pensioner								Spouse																		
1.g) Relationship:	Biological child:										Adopted child:								Step child:								1.h) Status:	Under 22					Disabled				
1.i) Guardian Surname:																																					
Guardian Initials:					Guardian Contact Details:																																

2.a) Surname																																					
2.b) First name																																					
2.c) Other initials					2.d) Date of birth							2.e) Registered dependant of medical aid scheme:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
2.f) Child of:	Contributing member										Pensioner								Spouse																		
2.g) Relationship:	Biological child:										Adopted child:								Step child:								2.h) Status:	Under 22					Disabled				
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3.g) Relationship:	Biological child:										Adopted child:								Step child:								3.h) Status:	Under 22					Disabled				
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4.c) Other initials					4.d) Date of birth									4.e) Registered dependant of medical aid scheme:	Yes									
4.f) Child of:	Contributing member				Pensioner								Spouse								No			
4.g) Relationship:	Biological child:				Adopted child:								Step child:								4.h) Status:	Under 22	Disabled	
4.i) Guardian Surname:																								
Guardian Initials:					Guardian Contact Details:																			

5.a) Surname																																									
5.b) First name																																									
5.c) Other initials					5.d) Date of birth							5.e) Registered dependant of medical aid scheme:	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
5.f) Child of:	Contributing member								Pensioner								Spouse																								
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Guardian Initials:					Guardian Contact Details:																																



1. Name

2. Postal address

3. Initials and Surname of Contact Person

4. Tel No.

DECLARATION**(Compulsory)****TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS**

I, _____ do solemnly declare that I am:

The guardian of the child of the deceased referred to under Section B,

OR,

a major child of the deceased, applying in own right;

Declare the foregoing particulars are entirely correct in every respect and I undertake to advise GBPF immediately if any change occurs, and,

that I am aware of the fact that should I fail to comply with the undertakings I will be responsible for any loss which may occur.

Where the applicant is using a thumb print, two witnesses must sign to confirm the identity of the applicant.

Witness 1.

Witness 2.

Date

Signature of Applicant (OR Thumb Print of Applicant where he/she cannot read/write)**This section needs to be completed by the Commissioner of Oaths:**

Declared and signed before me on this _____ (date)

Signature of Comm. of OathsOfficial Stamp of the
Commissioner of Oaths

Full names

Surname

Designation

Postal
address



IMPORTANT!

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM:

1. This benefit is only available to the biological or legally adopted children of a deceased member or pensioner of the **Government Employees Pension Fund** - stepchildren do not qualify.
2. A child qualifies for child pension up to the age of 22 – regardless whether or not the child is a student.
3. A Child Pension is paid into the bank account of the guardian until the child turns 18.
If the child is between the age of 18 and 22, the pension must be paid directly into the account of the major child, or the benefit will be suspended until the required bank details are received.
4. Child pensions are subject to tax, but most child pensioners will not be subject to the actual deduction of tax, as they earn less than the minimum tax threshold.
GEPF will automatically register the child as a tax payer and inform the child and/or guardian of the tax number.
5. The child pensioners are also subject to Auto Life Verification on a yearly basis, or will receive a Life Certificate if they do not pass the ALV verification. This is done to ensure that the child is still alive and entitled to the benefit.
If GEPF issues a life certificate and the certificate is not returned, the benefit will be suspended.
6. Child pension is calculated based on how many children and spouses qualify for benefits.
It is important to inform GEPF of any children and spouses who may qualify, as there may be delays in paying benefits or benefits may be reduced, if other beneficiaries are identified at a later stage.
7. Disabled children receive child pensions regardless of their age.
The child must prove that he or she is physically or mentally disabled and not capable of providing for himself or herself financially.
Once the pension has been awarded, it remains payable until the child pensioner passes away.
8. If both parents of a child pass away and both are GEPF members or pensioners, the child may qualify for child pension from both parents - separate applications must be submitted reflecting the pension details of each parent.

GEPF Contact Details

Call Centre (Telephone enquiries):		0800 117 669	
E-mail:		enquiries@gpaa.gov.za	
Applications may be submitted to any GEPF Regional Office or to the following addresses:			
Physical address:	Pensions Building 34 Hamilton Street Arcadia Pretoria	Postal address	The GEPF Private Bag X63 Pretoria 0001

Instructions for Completing Form CHP1: Application for Child Pension

1. Complete a separate application form for each child applying for the benefit.
 2. Please complete the following information in each of the sections referred to:
 - A) PARTICULARS OF THE DECEASED:**
Please provide the details of the deceased member or pensioner.
If both deceased parents are members or pensioners of the GEPF, please complete separate forms indicating the particulars of each.
 - B) PARTICULARS OF THE CHILD APPLYING FOR THE PENSION:**
Please provide the particulars of the child who is applying for the benefit.
 - C) CONTACT PARTICULARS OF THE PERSON SUBMITTING THE APPLICATION FORM:**
This is usually the guardian of a minor child or a major child in own right.
This information is required to allow the GEPF to contact the person submitting the application regarding outstanding information and anything else pertaining to the application.
 - D) PARTICULARS OF THE GUARDIAN:**
This section is only required if the child applying for the pension is a minor child.
This information is used to load the guardian as the party receiving and administering the pension on behalf of the minor child.
In many instances the guardian is also the surviving parent, but if the deceased was married more than once, we also require particulars of the previous spouses.
 - E) PARTICULARS OF ALL CHILDREN OF THE DECEASED:**
All children from this marriage or relationship, or any other/previous marriages or relationships must be declared.
Spouse and Child benefits are calculated based on the number of beneficiaries - failure to declare beneficiaries will result in benefit recalculation, recovery of overpayment and other penalties.
 - F) NAME AND ADDRESS OF THE EXECUTOR OF THE ESTATE:**
The details of the executor are only required if available.
- DECLARATION:**
The declaration must be completed in full in the presence of a Commissioner of Oaths or the application will not be accepted.

Attachments required to the CHP1: Application for Child Pension

1. Original certified copy of the **Death Certificate** (issued by the Department of Home Affairs) of the deceased member or pensioner;
2. Original certified copy of the bar-coded **ID, ID Card (both sides), Passport or Birth Certificate** (in case of a minor child) of the **deceased** and **applicant**. *(In instances where the applicant is a minor child, the certified copy of the ID, ID Card or Passport of the Guardian is also required)*
3. Original duly completed Banking Particulars Form (Z894) in the name of the guardian (if the child is a minor) or in the name of the child pensioner (if the child is a major).
4. **Certification must not be older than 6 months when received at the GEPF.**
5. If the child is disabled, medical proof of the disability is required and proof of financial dependency on the member / pensioner;
6. Proof of the relationship between the deceased member or pensioner, and the applicant is required in the form of an unabridged birth certificate reflecting the relationship, or the adoption order.
7. If the guardian is not the surviving parent, proof of guardianship in the form of confirmation from a social worker regarding the care of the child, or an order from the High Court or Children's Court, is required.