

EVIDENCE OF SURVIVAL FORM

2024/2025

Please complete this form and e-mail it to eos@eppf.co.za to update your record. The form must be submitted together with a certified copy of your ID or passport.

I, the undersigned pensioner,

Pension Number:											Pensioner ID/Passport:										
Special Needs	Blind				Deaf				Frail				Old Age Home				Other				
Date of Birth:	Y	Y	Y	Y	M	M	D	D	Marital Status:	S	M	D	W								
All names in full:											Spouse	Y	Y	Y	Y	M	M	D	D		
Surname:											Date of	Y	Y	Y	Y	M	M	D	D		
Postal Address:																					
											Postal Code:										
Home Address:																					
											Postal Code:										
Email Address:											Fax Number:										
Telephone No.:											Cellphone No.:										
										Tax Reference No.											
Contact details of caregiver / next of kin / alternative contact:																					
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. I acknowledge that it is a serious offence to make a false statement.

Date: _____

Signature: _____

Pensioner/Beneficiary

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

Signature: _____
Commissioner of Oaths

Name _____
e: _____ Commissioner of Oaths

Stamp of Commissioner
of Oaths / bank official

NB. This certificate will not be accepted without the official stamp of
signatory.

Contact details: _____
Commissioner of Oaths