

2023/2024 EVIDENCE OF SURVIVAL FORM

Please complete this form and submit it along with a certified copy of your ID or passport to webupdate@epf.co.za.

Pension Number														Pensioner ID / Passport No									
Special Needs	Blind			Deaf			Frail			Old Age Home				Other									
Date of Birth	Y	Y	Y	Y	Y	M	M	D	D	Current Marital Status:				S		M		D		W			
All names as per ID														Spouse D.O.B:		Y	Y	Y	Y	M	M	D	D
Surname														Date of Marriage		Y	Y	Y	Y	M	M	D	D
Postal Address																							
														Postal Code:									
Home Address																							
														Postal Code									
Email Address																							
Telephone No														Cellphone No									
													Tax Reference No										
<i>Contact details of caregiver / next of kin / alternative person to contact:</i>																							
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:

Date: _____

Signature: _____

Pensioner/Beneficiary/Guardian to sign (in the case of a minor/disabled child or disabled adult)

Guardian's name and surname: _____

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

Signature: _____
Commissioner of Oaths/Notary

Name: _____
Commissioner of Oaths/Notary

Contact details: _____
Commissioner of Oaths/Notary

Stamp of Commissioner
of Oaths / bank
official/Notary