FOR LOCAL GOVERNMENT

CRF BENEFICIARY ADMINISTRATION

APPLICATION FOR CHANGE OF GUARDIANSHIP

Note: This application form consists of 3 pages. Please ensure that all 3 pages are FULLY completed.
For timeous payment of benefits, we require certified copies (containing the **full names and street address** of the Commissioner of Oaths) of the undermentioned documents:

	Checklist of documents	**Attached**	
1	Identity Document or Smart ID card (include both sides) of the new guardian.	YES ☐	NO ☐
2	Death certificate of the previous guardian (if applicable).	YES ☐	NO ☐
3	Identity Document or Smart ID card of witness (include both sides) (the witness must be family of the deceased member/guardian).	YES ☐	NO ☐
4	Children's birth certificates, clinic cards, Identity Document or Smart ID card (include both sides).	YES ☐	NO ☐
5	Proof of bank account (bank statement or letter from bank) of the new guardian (not older than three months).	YES ☐	NO ☐

SECTION A	**Particulars of the deceased member (who belonged to the Consolidated Retirement Fund)**		
Title and initials		Date of birth	Y Y Y Y M M D D
Full names and surname			
Member number		Date of death	Y Y Y Y M M D D

SECTION B	**Particulars of new guardian**					
Relationship to deceased	Spouse ☐	Child ☐	Parent ☐	Brother ☐	Sister ☐	Other ☐
Title and initials				Date of birth	Y Y Y Y M M D D	
Full names and surname						
Contact number(s)	h		w		c	
E-mail address						
Home address			Postal address			

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Name of bank				Account holder			
Account number				Branch code			
Account type	Savings ☐	Cheque ☐		Current ☐		Transmission ☐	

PLEASE NOTE THE FOLLOWING:

- Payments can only be made to the above types of accounts i.e. no credit card, bond account.
- Payments may not be made to a third party.
- Payments cannot be divided into different amounts into different bank accounts.
- A Post Office savings account is not allowed.
- All affidavits and certified documents must contain a clear certification stamp and the Commissioner of Oaths' signature, name, designation, business address, and date of certification. If certified by a SAPS official, their rank and rank number must appear on the affidavit or certified document.

SECTION C Declaration of guardianship (to be completed by the new guardian)

I, _____ (full name of guardian)

Identity number | | | | | | | | | | | | | |

hereby declare that I am the guardian of the following children:

Name of child/children	Date of birth
	Y Y Y Y M M D D
	Y Y Y Y M M D D
	Y Y Y Y M M D D
	Y Y Y Y M M D D
	Y Y Y Y M M D D

I also declare that:

- I will take care of them with the money that CRF will pay me towards the child/children's care and I will ensure that they attend school until they are independent.
- I undertake to advise CRF immediately should any of the abovementioned children leave school or the tertiary institution, or for any other reason cease to be financially dependent on me for support.
- I am aware of the fact that should I not adhere to the above requirements, any overpayment of benefits which may have occurred, as well as interest, will be recovered from me.

_____

Signature or right hand thumbprint of new guardian *

* To be signed in the presence of a Commissioner of Oaths (can be found at SAPS).

Signed and sworn to before me at _____ on this _____ day of _____ 20_____

by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

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Consolidated Retirement Fund for Local Government Reg. No. 12/8/32689/2

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