

**DISPOSAL OF DEATH  
BENEFITS CHECKLIST**

Please use black pen and block letters. Tick Appropriate Block Unless Otherwise Indicated

Full Name of the Deceased Member \_\_\_\_\_

Omang No \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Has the member completed the Nomination of Beneficiaries Form? Yes ☐ No ☐

If yes, please attach the original copy of the Nomination of Beneficiaries Form and show it to the family.

**DOCUMENTS TO BE SUBMITTED (please tick)**

	<b>TICK</b>
1. Death Notification Form stamped and signed.	<input type="checkbox"/>
2. Certified Copie of Death Certificate.	<input type="checkbox"/>
3. Completed Disposal of Death Benefits Questionnaire signed by the Investigating Officer.	<input type="checkbox"/>
4. Certified Identity documents for all beneficiaries/dependants and guardians for minor children.	<input type="checkbox"/>
5. Certified copy of marriage certificate or confirmation of marriage from the District commissioner.	<input type="checkbox"/>
6. Nomination of Beneficiaries Form signed by the member (investigating officer to show the family the form).	<input type="checkbox"/>
7. Court Maintenance Order (where applicable).	<input type="checkbox"/>
8. Proof of financial dependency (where available).	<input type="checkbox"/>
9. Letter from the Tribal Authority/District Commissioner confirming the dependants (Refer to Appendix I for a guide).	<input type="checkbox"/>
10. Contact details of beneficiaries and guardians.	<input type="checkbox"/>
11. Copy of the deceased member's funeral programme.	<input type="checkbox"/>
12. Affidavits (where applicable).	<input type="checkbox"/>
13. Monitoring Form.	<input type="checkbox"/>
14. Copy of adoption letter/certificate or confirmation of adoption from the deceased's family authenticated by the District Commissioner.	<input type="checkbox"/>
15. Medical report for mentally challenged beneficiaries/dependents and appointment of curator.	<input type="checkbox"/>

## SECTION A: BENEFITS QUESTIONNAIRE

Botswana Life Retirement Annuity Fund to interview the deceased member's beneficiaries to establish the following information:

Married Yes ☐ No ☐

### SPOUSE 1

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Type of Marriage Civil Marriage ☐ Customary Marriage ☐

Employed Yes ☐ No ☐

### Bank Details

*NB: Post Office Savings Accounts not applicable*

Account Holder  Account Type

Bank Name  Branch  Branch code

Account Number

### SPOUSE 2

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Type of Marriage Civil Marriage ☐ Customary Marriage ☐

Employed Yes ☐ No ☐

### Bank Details

*NB: Post Office Savings Accounts not applicable*

Account Holder  Account Type

Bank Name  Branch  Branch code

Account Number

A.1 Was the deceased and spouse(s) living together as husband and wife at the date of the member's death? Yes ☐ No ☐

If no, what are the reasons for them not living together (e.g. separation). To what extent was the deceased member supporting the spouse and what is the spouse's current living arrangements?

  
  

A.2 What is the spouse's current financial situation?

A.3 Did the relationship bear children? Yes ☐ No ☐

If yes, please provide full details provided below:

Name	Age	Date of Birth	Occupation	Extent of Dependency on the Deceased	Relationship to the Deceased

A.4 Did the deceased have any other children other than the above mentioned? Yes ☐ No ☐

If yes, please provide full details provided below:

Name	Age	Date of Birth	Occupation	Extent of Dependency on the Deceased	Relationship to the Deceased

## SECTION B: UNMARRIED DETAILS

B.1 Did the deceased have a partner at the time of death? Yes ☐ No ☐

If yes, for how long were they together?

\_\_\_\_\_

B.2 State in respect of the partner the following details:

Full Names \_\_\_\_\_

ID / Omang No \_\_\_\_\_ Contact Number \_\_\_\_\_

B.3 What was the deceased and partner's living arrangement?

\_\_\_\_\_

\_\_\_\_\_

B.4 What is the partner's current financial situation?

\_\_\_\_\_

\_\_\_\_\_

B.5 Did the deceased support the partner financially? Yes ☐ No ☐

If yes, to what extent?

\_\_\_\_\_

\_\_\_\_\_

B.6 Did the relationship bear children?

Yes

☐

No

☐

If yes, please provide full details provided below:

Name	Age	Date of Birth	Occupation	Extent of Dependency on the Deceased	Relationship to the Deceased

B.7 Did the deceased have any other children other than the above mentioned?

Yes

☐

No

☐

If yes, please provide full details provided below:

Name	Age	Date of Birth	Occupation	Extent of Dependency on the Deceased	Relationship to the Deceased

## SECTION C: DIVORCED

NB: This section is also applicable if the deceased was married / single at the time of death but had previously divorced.

C.1 Was the deceased supporting the ex-spouse(s)? (either voluntarily or in terms of a Court Maintenance Order / Agreement)?

Yes

☐

No

☐

If yes, state whether it was either voluntarily or in terms of a Court Maintenance Order/ Agreement.

C.2 State in respect of the ex-spouse the following details:

Full Names

ID / Omang Number  Contact Number

C.3 What is the financial situation of the ex-spouse(s)?

C.4 Did the marriage bear any children? Yes ☐ No ☐  
If yes, please provide full details provided below:

Name	Age	Date of Birth	Occupation	Extent of Dependency on the Deceased	Relationship to the Deceased

C.5 Was the deceased supporting the children? (Either voluntarily or in terms of a Court Maintenance Order /Agreement) Yes ☐ No ☐

If yes, state whether it was either voluntarily or in terms of a Court Maintenance Order/ Agreement.

C.6 The children are under whose custody?

Full Names

ID / Omang No  Contact Number

Relationship to the children?

C.7 Has the ex-spouse re-married? Yes ☐ No ☐

C.7.1 If yes, have the children been adopted into the new marriage? Yes ☐ No ☐

C.7.2 If yes, is it civil or customary adoption? Civil Adoption ☐ Customary Adoption ☐

C.8 Any other additional information, please provide below:

## SECTION D: OTHER FINANCIAL DEPENDANTS

(for example: parents, brothers, sisters, grandchildren, grandparents, uncles, aunts, other family, or friends)

To qualify as a dependant the following requirements must be satisfied:

- D.1 The person claiming support must be unable to support himself/herself.
- D.2 The deceased must have been actually supporting the dependant.

Name	Age	Date of Birth	Occupation	Extent of Dependency on the Deceased	Relationship to the Deceased

- D.3 Are both the deceased's parents (mother and father) alive and how were they financially dependent on the deceased?  
Please specify in the case of single parenthood.

## SECTION E: GUARDIANS DETAILS (For all minor beneficiaries; including mentally challenged adults)

The following must be considered when appointing a guardian:

- E.1 Whether the person is staying with the children.
- E.2 Whether the person has the children's interests at heart.
- E.3 Whether the person is responsible and trustworthy in financial issues.
- E.4 Age – the guardian should be an adult (over 18 years old).
- E.5 Whether the person would be able to carry out duties of a guardian e.g signing for annuity, travelling to the bank.

### GUARDIAN 1

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Name of Children under care

Relationship to the Minor Beneficiary

Employed Yes ☐ No ☐

### Bank Details

NB: Post Office Savings Accounts not applicable

Account Holder  Account Type

Bank Name  Branch  Branch Code

Account Number

## GUARDIAN 2

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Relationship to the Minor Beneficiary \_\_\_\_\_

Employed      Yes ☐      No ☐

### Bank Details

NB: Post Office Savings Accounts not applicable

Account Holder \_\_\_\_\_ Account Type \_\_\_\_\_

Bank Name  Branch  Branch Code

Please complete the following for each of the above guardians and the children under their care.

[illegible]

SECTION F: DETAILS FOR ALL BENEFICIARY / IES OVER 18 YEARS

BENEFICIARY 1

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Relationship to the Deceased

Employed Yes ☐ No ☐

Bank Details

NB: Post Office Savings Accounts not applicable

Account Holder  Account Type

Bank Name  Branch  Branch Code

Account Number

BENEFICIARY 2

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Contact Number  Postal Address

Relationship to the Deceased

Employed Yes ☐ No ☐

Bank Details

NB: Post Office Savings Accounts not applicable

Account Holder  Account Type

Bank Name  Branch  Branch Code

Account Number

BENEFICIARY 3

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Relationship to the Deceased

Employed Yes ☐ No ☐

Bank Details

NB: Post Office Savings Accounts not applicable

Account Holder  Account Type

Bank Name  Branch  Branch Code

Account Number



**BENEFICIARY 4**

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Relationship to the Deceased

Employed      Yes ☐      No ☐

**Bank Details**

*NB: Post Office Savings Accounts not applicable*

Account Holder  Account Type

Bank Name  Branch  Branch Code

Account Number

**BENEFICIARY 5**

Full Name

Omang No  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Contact Number  Postal Address

Relationship to the Deceased

Employed      Yes ☐      No ☐

**Bank Details**

*NB: Post Office Savings Accounts not applicable*

Account Holder  Account Type

Bank Name  Branch  Branch Code

Account Number

**SECTION G: RECOMMENDATIONS BY THE FAMILY TO THE TRUSTEES**

G.1 Did the deceased have any other outstanding liabilities e.g. medical bills, uninsured mortgage loans which the family wishes to clear before allocation of benefits? (if yes, please ask the family to provide supporting documents)

G.2 Is there any other information that should be taken into account by the Trustees when allocating the benefits? (e.g. who should be allocated more benefits, difference in surname of the deceased and his beneficiaries)

SECTION H: TERMINATION TO THE TRUST

H.1 Once a beneficiary reaches the age of 18 years, the Trust account is terminated with the assistance of the guardian. However, where the guardian does not cooperate, Trustees have the discretion of considering reasons advanced and terminate the Trust without the guardian’s consent. All the benefits are paid in cash. If a beneficiary is considered to be incapable of managing his / her financial affairs due to ill health or other reasons, there should be proof.

SECTION I: GENERAL

- I.1 Other Claimants (This is directed to the desk officer/officer administering the questionnaire).
- I.2 Other than the people mentioned in this questionnaire, were there any other people claiming a right to the benefit / who are eligible to claim a right to the benefit or a portion thereof? If there are / were, please provide details of the people concerned, their telephone contact numbers and the reasons why they have not been included in the recommendation.

SECTION J: ANY OTHER RELEVANT INFORMATION

If there is any other information or mitigating circumstances that you feel should be taken into account by the Trustees when considering the recommendation, please provide details below.

## SECTION K: DECLARATION BY THE FAMILY

We, the undersigned were present during the interview and declare that the information provided to the investigating officers is correct: We also confirm that we have been made aware of the choice made by the deceased member as per the Nomination Of Beneficiaries form, were applicable:

[illegible]

## SECTION L: DECLARATION BY INVESTIGATING OFFICERS

We / I (Please tick) the undersigned conducted the interview and declare that the information contained in this questionnaire was received

## INVESTIGATING OFFICER 1

Full Name											
ID / Omang No		Designation									
Postal Address		Contact Number									
Fax Number		E-mail Address									
Signature		Date		<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>							

## INVESTIGATING OFFICER 2

Full Name											
ID / Omang No		Designation									
Postal Address		Contact Number									
Fax Number		E-mail Address									
Signature		Date		D	D	M	M	Y	Y	Y	Y

**AUTHORISING OFFICER**

Full Name	<input type="text"/>						
ID / Omang No	<input type="text"/>	Designation	<input type="text"/>				
Postal Address	<input type="text"/>			Contact Number	<input type="text"/>		
Fax Number	<input type="text"/>			E-mail Address	<input type="text"/>		
Signature	<input type="text"/>			Date	<input type="text"/> D <input type="text"/> M <input type="text"/> Y <input type="text"/> <input type="text"/> D <input type="text"/> M <input type="text"/> Y <input type="text"/>		

**L.1 Reasons for the recommendation (please provide as many details as possible)**

[illegible]

## SECTION M: RECOMMENDATION ON THE DISTRIBUTION OF DEATH BENEFITS BY THE TRUSTEES

[illegible]

## SECTION N: OFFICIAL USE

Approved by the Benefit Payments Committee of the Botswana Life Retirement Annuity Fund

PRINCIPAL OFFICER

BENEFIT PAYMENTS COMMITTEE  
CHAIRPERSON

MEMBER

D	D	M	M	Y	Y	Y	Y
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OFFICIAL DATE OF APPROVAL

The letter should bear the following:

1. Be addressed to: **The Principal Officer  
Botswana Life Retirement Annuity Fund  
Private Bag 00296  
Gaborone**
2. State the full names of the deceased member as they appear in his/her Omang document/passport.
3. Testify to the death with reference to the death certificate.
4. State if he/she was married.
5. If not, state whether the deceased had a live-in relationship with a partner or not and state the name of the partner in full.
6. State whether the deceased has children or not (born within or out of wedlock)
7. List the names of the deceased's children and their Omang/birth certificate/ passport numbers.
8. If the children were born out of wedlock, state if the partner is married (in the case of a deceased male) and if the children have been adopted by their stepfather.
9. In case of adoption, provide valid documents as proof or a letter from the children's mother and parents authenticated by the Chief confirming the adoption.
10. State if both parents are alive and whether they were financially dependent on the deceased. If one of the parents is late, and if the deceased's mother is a single parent, it should be stated.
11. If parents are alive, state their full names and Omang/ passport numbers.
12. Were there any other persons who were dependent on the deceased? If yes, state their full names, relationship to the deceased and Omang/birth certificate/passport numbers. State how they were financially dependent on the deceased.
13. The letter must have at least two witnesses who are related to the deceased but were not dependent on the deceased. Their full names, Omang numbers and relationship to the deceased should be stated.