

**TYPE OF TRANSACTION (Select only one type) - PENSION FOR: SPOUSE ☐ OR ORPHAN(S) ☐****A) PARTICULARS OF DECEASED (Compulsory)** 1. Type of Member: Contributing Member ☐ Pensioner ☐ Spouse ☐2. Pension/CP No.  3. Death Cert. No. 4. ID No.  (or) 5. Passport No. 6. Surname 7. Firstname 8. Middle names 9. Title  10. Date of birth  11. Date of death **B) PARTICULARS OF PERSON APPLYING FOR PENSION (Compulsory)**1. ID No.  (or) 2. Passport No. 3. Surname 4. Firstname 5. Middle names 6. Title  7. Relationship to deceased: Spouse ☐ Major Child (over 18) ☐ Guardian of Children ☐**C) CONTACT PARTICULARS OF APPLICANT (Compulsory)**1. Preferred Contact: Postal ☐ Fax ☐ E-mail ☐ (Select one) 2. Fax No. 3. Tel No.  4. Cell No. 5. E-mail address 6. Postal address 7. Residential address **D) PARTICULARS OF SPOUSE/ LIFE PARTNER (Only needed for spouse's pension applications)**1. Date of birth  2. Income tax No. 3. Maiden name 4. Date of marriage  5. Marital type: A. Religion ☐ B. Customary Union ☐ C. Civil ☐ D. Life Partner ☐5. Was the deceased married **more** than once? Yes ☐ No ☐ If Yes, complete below:  
(Any type of marriage: Religious, Customary Union or Civil)**6. PARTICULARS OF PREVIOUS / OTHER SPOUSE OR GUARDIAN OF CHILDREN OF THE DECEASED**6.a) Surname 6.b) Firstname  6.c) Other Initials 6.d) Postal address Applicant's  
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of Oaths Initial

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<b>6.e)</b> Residential address																														
<b>6.f)</b> Tel No.																														
<b>6.g)</b> Cell No.																														
<b>6.h)</b> Spouse's Status:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>A. Deceased <input type="checkbox"/></div> <div>B. Still Married <input type="checkbox"/></div> <div>C. Divorced <input type="checkbox"/></div> <div>(Refer to compulsory attachments on overleaf)</div> </div>																													
<b>6.i)</b> Relationship to member:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>Spouse <input type="checkbox"/></div> <div>Guardian of Children <input type="checkbox"/></div> </div>																													

**E. PARTICULARS OF CHILDREN OF THE DECEASED OR FROM PREVIOUS MARRIAGE / LIFE PARTNERSHIP**

(Compulsory for Spouse's or Orphan's Pension applications) (If no Children State NONE in the Surname Field)

<p><b>1.a)</b> Surname <input style="width: 100px;" type="text"/></p> <p><b>1.c)</b> Firstname <input style="width: 100px;" type="text"/></p> <p><b>1.e)</b> Child of: Contributing Member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/></p> <p><b>1.g)</b> Relationship: Natural Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> (Refer to compulsory attachments on overleaf)</p> <p><b>1.h)</b> Status: Under 18 <input type="checkbox"/> Full Time Student <input type="checkbox"/> Disabled <input type="checkbox"/> 18 and Older <input type="checkbox"/></p>	<p><b>1.b)</b> Date of birth <input style="width: 100px;" type="text"/></p> <p><b>1.d)</b> Other initials <input style="width: 50px;" type="text"/></p> <p><b>1.f)</b> Orphan: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>1.i)</b> Registered dependant of medical aid scheme: No <input type="checkbox"/> Yes <input type="checkbox"/></p>
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1. Name

2. Postal address

3. Initials and Surname of Contact Person

4. Tel No.

C O D E

## G. MEDICAL SCHEME PARTICULARS (Compulsory where the state contributed to the member's medical subsidy)

1. Does the spouse / life partner wish to continue with medical membership? Yes ☐ No ☐

2. Name of medical scheme

3. Scheme membership number

4. Scheme/Package option name

5. Did the State contribute to the member's medical subsidy?

Yes ☐No ☐

If Yes, complete below:

6. What was the State's contribution to the member's medical aid scheme:

R R R R R R R C C

## DECLARATION

(Compulsory)

## TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS

I, \_\_\_\_\_ do solemnly declare that I am either:

☐ A) the spouse (or life partner) of the deceased and that my marriage (or life partnership) as entered into on \_\_\_\_\_ (date) was not dissolved by divorce or other means; or☐ B) a major eligible child (as per GEP Law) or the guardian of the children of the deceased.

I declare the foregoing particulars are entirely correct in every respect and I undertake to advise GEPP immediately if any change occurs. 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.

C C Y Y M M D D

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

C C Y Y M M D D

(date)

Signature of Comm. of Oaths

Official Stamp of the  
Commissioner of Oaths

Full names

Surname

Designation

Postal  
Address

C O D E

## Instructions for Completing Form Z143: Applying for Spouse's and Orphan's Pension (GEPF Fund only)

1. Refer to the **checklist** for attachments required.
2. **One character** must appear in each of the blocks that make up the field value. Use **CAPITAL LETTERS and black ink**. The text must stay within the boundaries of the block for each character.
3. Application forms must be posted or delivered to the GEPF at:

Call Centre:		012 319 1000	
Fax Number:		012 326 2507	
E-mail:		enquiries@gepf.co.za	
Physical Address:	Pensions Building 34 Hamilton Street Arcadia Pretoria	Postal Address:	GEPF Private Bag X63 Pretoria 0001

4. A **spouse** can apply for pension **upon the death of a member or pensioner** by submitting the original **Z143** form with attachments to the GEPF. Only the spouse or life partner can complete the form if applying for Spouse's Pension.
5. A **separate application form** needs to be submitted by each applicant applying for Spouse's Pension.
6. Breakdown of **covered persons, who may receive the money and who may facilitate the application** of the Orphan's Pension benefit:

Entity Involved	Covered Person	Entitled to Payment	Can be Applicants
Child under 18 of the member/pensioner	✓	X	X
Student (Child) under 22 of the member/pensioner	✓	✓	✓
Disabled child over 18 of the member/pensioner	✓	✓	✓
Master of the Supreme Court for administration	X	✓	X
Trust fund	X	✓	X
Guardian of a minor child of the member/pensioner	X	X	✓

7. **DATE OF DEATH:** The date must correspond with the date on the death certificate issued by the Department of Home Affairs as well as the date on the Withdrawal from Fund Application Form – Z102 (where applicable).
8. **DEATH CERTIFICATE NUMBER:** Number allocated on the Death Certificate by the Department of Home Affairs on registration of such death.