



SEE INSTRUCTIONS OVERLEAF

## APPLICATION FOR SPOUSE PENSION

## A) PARTICULARS OF DECEASED (Compulsory) 1. Type of Member: Contributing Member Pensioner

2. Pension/CP No.	<input type="text"/>	3. Death Cert. No.	<input type="text"/>
4. ID No.	<input type="text"/>	(or) 5. Passport No.	<input type="text"/>
6. Surname	<input type="text"/>		
7. First name	<input type="text"/>		
8. Middle names	<input type="text"/>		
9. Title	<input type="text"/>	10. Date of birth	<input type="text"/>
		11. Date of death	<input type="text"/>

## B) PARTICULARS OF PERSON APPLYING FOR SPOUSE PENSION (Compulsory)

1. ID No.	<input type="text"/>	(or) 2. Passport No.	<input type="text"/>
3. Surname	<input type="text"/>		
4. First name	<input type="text"/>		
5. Middle names	<input type="text"/>		
6. Maiden Name	<input type="text"/>		
7. Date of birth	<input type="text"/>	Income Tax number	<input type="text"/>
8. Title	<input type="text"/>	10. Relationship to deceased:	Spouse Life Partner
9. Date of marriage	<input type="text"/>	11. Marital type:	Civil Customary Union Life partner Religion
12. Was the deceased married more than once?	Yes?	No?	If Yes, complete section D

## C) CONTACT PARTICULARS OF APPLICANT (Compulsory)

1. Preferred Contact: Postal Fax E-mail	2. Fax No.	<input type="text"/>	<input type="text"/>
3. Tel No.	<input type="text"/>	4. Cell No.	<input type="text"/>
5. E-mail address	<input type="text"/>		
6. Postal address	<input type="text"/>		
7. Residential address	<input type="text"/>		

## D) PARTICULARS OF PREVIOUS / OTHER SPOUSE:

1. Surname	<input type="text"/>	3. Other Initials	<input type="text"/>
2. First name	<input type="text"/>		
4. Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Applicant's  
InitialCommissioner  
of Oaths Initial

13751

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID  
AND THE RELEVANT PARTIES MUST INITIAL THIS PAGE

**E) PARTICULARS OF ALL CHILDREN OF THE DECEASED - if none, indicate "NONE" in SURNAME field.**

**IMPORTANT NOTICE:** All children from this marriage or relationship, or any other/previous marriages or relationships must be declared. Spouse and Child benefits are calculated based on the number of beneficiaries - failure to declare beneficiaries will result in benefit recalculation, recovery of overpayment and other penalties.

<b>1.a)</b> Surname																																						
<b>1.b)</b> First name																																						
<b>1.c)</b> Other initials					<b>1.d)</b> Date of birth							<b>1.e)</b> Registered dependant of medical aid scheme:	<div>Yes</div> <div>No</div>																									
<b>1.f)</b> Child of:	Contributing member													Pensioner						Spouse																		
<b>1.g)</b> Relationship:	Biological child:													Adopted child:						Step child:							<b>1.h)</b> Status:	Under 22					Disabled					
<b>1.i)</b> Guardian Surname:																																						
Guardian Initials:					Guardian Contact Details:																																	

<b>2.a)</b> Surname																																					
<b>2.b)</b> First name																																					
<b>2.c)</b> Other initials					<b>2.d)</b> Date of birth							<b>2.e)</b> Registered dependant of medical aid scheme:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>2.f)</b> Child of:	Contributing member										Pensioner								Spouse																		
<b>2.g)</b> Relationship:	Biological child:										Adopted child:								Step child:								<b>2.h)</b> Status:	Under 22					Disabled				
<b>2.i)</b> Guardian Surname:																																					
Guardian Initials:					Guardian Contact Details:																																

<b>3.a)</b> Surname																																															
<b>3.b)</b> First name																																															
<b>3.c)</b> Other initials					<b>3.d)</b> Date of birth							<b>3.e)</b> Registered dependant of medical aid scheme:																																			
<b>3.f)</b> Child of:	Contributing member										Pensioner								Spouse																												
<b>3.g)</b> Relationship:	Biological child:										Adopted child:								Step child:								<b>3.h)</b> Status:	Under 22										Disabled									
<b>3.i)</b> Guardian Surname:																																															
Guardian Initials:					Guardian Contact Details:																																										

<b>4.a)</b> Surname																										
<b>4.b)</b> First Name																										
<b>4.c)</b> Other initials					<b>4.d)</b> Date of birth							<b>4.e)</b> Registered dependant of medical aid scheme:	Yes	No												
<b>4.f)</b> Child of:	Contributing member					Pensioner					Spouse															
<b>4.g)</b> Relationship:	Biological child:					Adopted child:					Step child:					<b>4.h)</b> Status:	Under 22					Disabled				
<b>4.i)</b> Guardian Surname:																										
Guardian Initials:					Guardian Contact Details:																					

<b>5.a)</b> Surname																																					
<b>5.b)</b> First Name																																					
<b>5.c)</b> Other initials					<b>5.d)</b> Date of birth							<b>5.e)</b> Registered dependant of medical aid scheme:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>5.f)</b> Child of:	Contributing member								Pensioner								Spouse																				
<b>5.g)</b> Relationship:	Biological child:								Adopted child:								Step child:								<b>5.h)</b> Status:	Under 22						Disabled					
<b>5.i)</b> Guardian Surname:																																					
Guardian Initials:					Guardian Contact Details:																																

<b>6.a)</b> Surname																																									
<b>6.b)</b> First name																																									
<b>6.c)</b> Other initials					<b>6.d)</b> Date of birth							<b>6.e)</b> Registered dependant of medical aid scheme:	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
<b>6.f)</b> Child of:	Contributing member										Pensioner										Spouse																				
<b>6.g)</b> Relationship:	Biological child:										Adopted child:										Step child:										<b>6.h)</b> Status:	<input type="checkbox"/> Under 22 <input type="checkbox"/> Disabled									
<b>6.i)</b> Guardian Surname:																																									
Guardian Initials:					Guardian Contact Details:																																				

<b>7.a)</b> Surname																											
<b>7.b)</b> First name																											
<b>7.c)</b> Other initials					<b>7.d)</b> Date of birth							<b>7.e)</b> Registered dependant of medical aid scheme:	Yes		No												
<b>7.f)</b> Child of:	Contributing member						Pensioner						Spouse														
<b>7.g)</b> Relationship:	Biological child:						Adopted child:						Step child:						<b>7.h)</b> Status:	Under 22		Disabled					
<b>7.i)</b> Guardian Surname:																											
Guardian Initials:					Guardian Contact Details:																						



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 C C

## DECLARATION

(Compulsory)

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

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

☐ 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;

I declare the foregoing particulars are entirely correct in every respect and I undertake to advise GEPF 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.

Where the applicant is using a thumb print, two witnesses must sign to confirm the identity of the applicant.

Witness 1.

Date

C C Y Y M M D D

Witness 2.

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



## Instructions for Completing Form Z143: Application for Spouse Pension

1. Please note and comply with the attachments required, as listed below.
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. Inquiries may be directed to the GEPF at:

Call Centre:	0800 117 669		
E-mail:	enquiries@gpaa.gov.za		
<b>Applications may be submitted to any GEPF Regional Office or to the following addresses:</b>			
Physical Address:	Pensions Building	Postal Address:	GEPF
	34 Hamilton Street		Private Bag X63
	Arcadia		Pretoria
	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. **NOTE:**  
**Spouse and child pensions are calculated based on the number of spouses and children in question. If additional children or spouses are identified at a later stage, benefits will be recalculated and overpayments will be recovered from beneficiaries as required.**  
**It is imperative that all applicants identify any other potential beneficiaries to the Fund on application, to ensure that they are not penalized at a later stage.**
7. A **Z894** bank particulars form must be completed by each applicant. The account must be in the applicant's name.
8. All applications must be accompanied by an originally certified copies of the **death certificate** of the deceased, as well as the **ID, ID Card** (both sides) or **passport** of the deceased and applicant.
9. Applicants must submit a certified copy of their **marriage certificate, lobolla letter, proof of marriage** according to religious tenet, confirmation of approval of a **life partnership** by GEPF or complete the life partner application.
10. **All certifications must be less than 6 months old when submitted to the GEPF.**
11. **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).
12. **DEATH CERTIFICATE NUMBER:** Number allocated on the Death Certificate by the Department of Home Affairs on registration of such death.
13. **If there are more beneficiaries than the form allows for, please copy and add the relevant pages as required.**