





**4.a)** Surname

**4.b)** First Name

**4.c)** Other initials  **4.d)** Date of birth  **4.e)** Registered dependant of medical aid scheme: Yes No

**4.f)** Child of: Contributing member Pensioner Spouse

**4.g)** Relationship: Biological child: Adopted child: Step child: **4.h)** Status: Under 22 Disabled

**4.i)** Guardian Surname:   
Guardian Initials:  Guardian Contact Details:

**5.a)** Surname

**5.b)** First Name

**5.c)** Other initials  **5.d)** Date of birth  **5.e)** Registered dependant of medical aid scheme: Yes No

**5.f)** Child of: Contributing member Pensioner Spouse

**5.g)** Relationship: Biological child: Adopted child: Step child: **5.h)** Status: Under 22 Disabled

**5.i)** Guardian Surname:   
Guardian Initials:  Guardian Contact Details:

**6.a)** Surname

**6.b)** First name

**6.c)** Other initials  **6.d)** Date of birth  **6.e)** Registered dependant of medical aid scheme: Yes No

**6.f)** Child of: Contributing member Pensioner Spouse

**6.g)** Relationship: Biological child: Adopted child: Step child: **6.h)** Status: Under 22 Disabled

**6.i)** Guardian Surname:   
Guardian Initials:  Guardian Contact Details:

**7.a)** Surname

**7.b)** First name

**7.c)** Other initials  **7.d)** Date of birth  **7.e)** Registered dependant of medical aid scheme: Yes No

**7.f)** Child of: Contributing member Pensioner Spouse

**7.g)** Relationship: Biological child: Adopted child: Step child: **7.h)** Status: Under 22 Disabled

**7.i)** Guardian Surname:   
Guardian Initials:  Guardian Contact Details:

**Applicant's Initial**

**Commissioner of Oaths Initial**

**F) NAME AND ADDRESS OF EXECUTOR OF THE ESTATE** (Complete where available)

**Z143**

1. Name

2. Postal address

3. Initials and Surname of Contact Person

4. Tel No.

**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:

**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

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  (date)

**Signature of Comm. of Oaths**

Official Stamp of the Commissioner of Oaths

Full names

Surname

Designation

Postal Address

By submission of this form the member/pensioner/applicant confirms that the information provided herein is true and correct and hereby authorizes the GEPF/GPAA to process his or her personal information in compliance with the Protection of Personal Information Act, 2013. Please refer to the GEPF and/or GPAA Privacy Policies on the websites [www.gepf.co.za](http://www.gepf.co.za) and [www.gpaa.gov.za](http://www.gpaa.gov.za).

**Applicant's Initial**

**Commissioner of Oaths Initial**



## 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@gepf.co.za		
<b>Applications may be submitted to any GEPF Regional Office or to the following addresses:</b>			
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. **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. The tax number of the spouse applying for the benefit is **compulsory**
9. 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.
10. 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.
11. **All certifications must be less than 6 months old when submitted to the GEPF.**
12. **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).
13. **DEATH CERTIFICATE NUMBER:** Number allocated on the Death Certificate by the Department of Home Affairs on registration of such death.
14. **If there are more beneficiaries than the form allows for, please copy and add the relevant pages as required.**