

GUARDIAN'S ASSESSMENT

Please note that a guardian assessment must be completed for each guardian claiming on behalf of a minor child.

SECTION 1: DETAILS OF THE DECEASED	
Name of the deceased:	
ID number of the deceased:	
SECTION 2: DETAILS OF THE GUARDIAN	
Name of the guardian:	
ID number of the guardian:	
SECTION 3: DETAILS OF THE MINOR CHILD/CHIL	<u>DREN</u>
Name of minor child	ID of minor child
Please complete the fol	lowing questions in full
	iowing questions in juii.
1) Are you employed or were you ever employed?	
2) What are your skills/qualifications?	
3) What is the total of your expenditure each month?	

4) Have you ever found that your income does not cover your expenses?	
5) Have you been saving money?	
6) How many people do you support financ	cially?
7) If a lump sum becomes payable to you o lump sum?	on behalf of the minor child, how do you plan on controlling the
B) Would you prefer the money be placed a made to you?	in a Trust on behalf of the minor child and monthly payments
9) If your answer to Question 8 is Yes, the vou provide the Fund with details of a trus	Fund will invest the benefit into the ABSA Beneficiary Trust unless st of your choice.
Details of the Trust of your choice:	
Signed by guardian	Date
Signed by guardian	Date