

### **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:	

#### SECTION3: DETAILS OF THE MINOR CHILD / CHILDREN

Name of Minor Child	ID Number of Minor Child	

Please complete the following questions in full.

1. Are you employed or were you ever employed?

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- 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 your support financially?
- 7. If a lump sum becomes payable to you on behalf of the minor child, how do you plan on controlling the lump sum?
- 8. Would you prefer the money to be placed in a Trust on behalf of the minor child and monthly payments made to you?

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9. If your answer to Question 8 is Yes, the Fund will invest the benefit into the ABSA Beneficiary Trust unless you provide the fund with details of a Trust of your choice.

Details of the Trust of your choice:

Signed by Guardian:	Signed by Witness:	
Date:	Date:	

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