

# DISPOSAL OF DEATH BENEFITS QUESTIONNAIRE



**This questionnaire should be fully completed. If any sections are not applicable, please indicate by scoring through the questions or marking N/A**

Full Name of the Deceased Member: \_\_\_\_\_

Omang No: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed

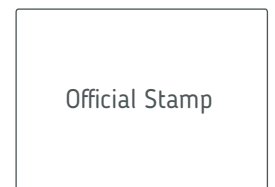
Ministry / Department: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Has the member completed the Nomination of Beneficiaries Form? Yes  No

If yes, please attach the original copy of the Nomination of Beneficiaries Form and show it to the family.

## DOCUMENTS TO BE SUBMITTED *(please tick)*

1. Death Notification Form stamped and signed by the Employer / Botswana Public Officers Pension Fund
2. Copies of death certificate and identity document for the deceased member
3. Completed Disposal of Death Benefits Questionnaire signed by the Investigating Officer
4. Identity documents for all beneficiaries and guardians for minor children.
5. Copy of marriage certificate or confirmation of marriage from the Tribal Authority
6. Nomination of Beneficiaries Form signed by the member (investigating officer to show the family the form)
7. Court Maintenance Order (where applicable)
8. Proof of financial dependency (where available)
9. Letter from the Tribal Authority/District Commissioner confirming the dependants (Refer to Appendix I for a guide)
10. Copy of the deceased member's latest salary advice slip
11. Liability Schedule (Form T160A) stamped and signed by both the Employer and Accountant General/Local Authority.
12. Contact details of beneficiaries and guardians
13. Copy of the deceased member's funeral programme
14. Affidavits (where applicable)
15. Monitoring Form
16. Copy of adoption letter/certificate or confirmation of adoption from the deceased's family authenticated by the Tribal Chief/District Commissioner.
17. Medical report for mentally challenged beneficiaries



Official Stamp

Human Resources Department / BPOPF to interview the deceased member's beneficiaries to establish the following information:

**1. MARRIED** (please tick) Yes  No

**SPOUSE 1**

Full Name: \_\_\_\_\_

Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**TYPE OF MARRIAGE** (please tick)

Civil Marriage  or Customary Marriage

**EMPLOYED** (please tick)

Yes  or No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

**SPOUSE 2**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**TYPE OF MARRIAGE** (please tick)

Civil Marriage  or Customary Marriage

**EMPLOYED** (please tick)

Yes  or No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

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**SPOUSE 3**

Full Name: \_\_\_\_\_

Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**TYPE OF MARRIAGE** *(please tick)*

Civil Marriage  or Customary Marriage

**EMPLOYED** *(please tick)*

Yes  or No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable)

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

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**SPOUSE 4**

Full Name: \_\_\_\_\_

Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**TYPE OF MARRIAGE** *(please tick)*

Civil Marriage  or Customary Marriage

**EMPLOYED** *(please tick)*

Yes  or No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable)

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

1.1 Was the deceased and spouse(s) living together as husband and wife at the date of the member's death? Yes  No

If no, what are the reasons for them not living together (e.g. separation). To what extent was the deceased member supporting the spouse and what is the spouse's current living arrangements?

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1.2 What is the spouse's current financial situation?

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1.3 Did the relationship bear children? Yes  No

If yes, Please provide full details provided below:

NAME	AGE	DATE OF BIRTH	OCCUPATION	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

1.4 Did the deceased have any other children other than the above mentioned? Yes  No

If yes, Please provide full details provided below:

NAME	AGE	DATE OF BIRTH	OCCUPATION	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

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**2. UNMARRIED** *(please tick and fill where applicable)*

2.1 Did the deceased have a partner at the time of death? Yes  No

If yes, For how long were they together?

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2.2 State in respect of the partner the following details:

Full Names: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_

Contact number: \_\_\_\_\_

2.3 What was the deceased and partner's living arrangement?

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2.4 What is the partner's current financial situation?

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2.5 Did the deceased support the partner financially? Yes  No

If yes, to what extent?

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2.6 Did the relationship bear children? Yes  No

If yes, Please provide full details provided below:

NAME	AGE	DATE OF BIRTH	OCCUPATION	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

2.7 Did the deceased have any other children other than the above mentioned? Yes  No

If yes, Please provide full details provided below:

NAME	AGE	DATE OF BIRTH	OCCUPATION	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

### 3. DIVORCED

**NB: This section is also applicable if the deceased was married / single at the time of death but had previously divorced.**

3.1 Was the deceased supporting the ex-spouse(s)? (either voluntarily or in terms of a Court Maintenance Order / Agreement)?

Yes  No

If yes, state whether it was either voluntarily or in terms of a Court Maintenance Order/ Agreement.

3.2 State in respect of the ex-spouse the following details:

Full Names: \_\_\_\_\_

ID / Omang number: \_\_\_\_\_

Contact number: \_\_\_\_\_

3.3 What is the financial situation of the ex-spouse(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.4 Did the marriage bear any children? Yes  No

If yes, Please provide full details provided below:

NAME	AGE	DATE OF BIRTH	OCCUPATION	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

3.5 Was the deceased supporting the children? (Either voluntarily or in terms of a Court Maintenance Order /Agreement)

Yes  No

If yes, state whether it was either voluntarily or in terms of a Court Maintenance Order/ Agreement.

3.6 The children are under whose custody?

Full Names: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to the children?

3.7 Has the ex-spouse re-married? Yes  No

3.7.1 If yes, have the children been adopted into the new marriage? Yes  No

3.7.2 If yes, is it civil or customary adoption? Civil Adoption  Customary Adoption

3.8 Any other additional information, please provide below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. OTHER FINANCIAL DEPENDANTS

*(for example: parents, brothers, sisters, grandchildren, grandparents, uncles, aunts, other family, or friends)*

**To qualify as a dependant the following requirements must be satisfied:**

- 4.1 The person claiming support must be unable to support himself/herself.
- 4.2 The deceased must have been actually supporting the dependant.

NAME	AGE	DATE OF BIRTH	OCCUPATION	EXTENT OF DEPENDENCY ON THE DECEASED	RELATIONSHIP TO THE DECEASED

- 4.3 Are both the deceased's parents (mother and father) alive and how were they financially dependent on the deceased?  
Please specify in the case of single parenthood.

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#### 5. GUARDIANS (FOR ALL MINOR BENEFICIARIES; INCLUDING MENTALLY CHALLENGED ADULTS)

The following must be considered when appointing a guardian:

- 5.1 Whether the person is staying with the children.
- 5.2 Whether the person has the children's interests at heart.
- 5.3 Whether the person is responsible and trustworthy in financial issues.
- 5.4 Age - the guardian should be an adult (over 18 years old).
- 5.5 Whether the person would be able to carry out duties of a guardian e.g signing for annuity, travelling to the bank.



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## GUARDIAN DETAILS

### GUARDIAN 1

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### NAME OF CHILDREN UNDER CARE

\_\_\_\_\_

### RELATIONSHIP TO THE MINOR BENEFICIARY

\_\_\_\_\_

#### EMPLOYED

Yes  No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

## GUARDIAN DETAILS

### GUARDIAN 2

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### NAME OF CHILDREN UNDER CARE

\_\_\_\_\_

### RELATIONSHIP TO THE MINOR BENEFICIARY

\_\_\_\_\_

#### EMPLOYED

Yes  No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

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## GUARDIAN DETAILS

### GUARDIAN 3

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### NAME OF CHILDREN UNDER CARE

\_\_\_\_\_

### RELATIONSHIP TO THE MINOR BENEFICIARY

\_\_\_\_\_

#### EMPLOYED

Yes  No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

## GUARDIAN DETAILS

### GUARDIAN 4

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### NAME OF CHILDREN UNDER CARE

\_\_\_\_\_

### RELATIONSHIP TO THE MINOR BENEFICIARY

\_\_\_\_\_

#### EMPLOYED

Yes  No

**BANK DETAILS:** NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

Please complete the following for each of the above guardians and the children under their care.

GUARDIAN NAME	NAME OF BENEFICIARIES UNDER CARE	GUARDIAN'S RELATIONSHIP TO THE BENEFICIARY / IES	GUARDIAN AND BENEFICIARY / IES CURRENT LIVING ARRANGEMENT	GUARDIAN'S FINANCIAL SITUATION

## 6. DETAILS FOR ALL BENEFICIARY / IES OVER 18 YEARS

### BENEFICIARY'S DETAILS

#### BENEFICIARY 1

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

#### RELATIONSHIP TO THE DECEASED

\_\_\_\_\_

#### EMPLOYED

Yes  No

#### BANK DETAILS: NB : Post Office Savings Accounts not applicable

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

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## **BENEFICIARY'S DETAILS**

### **BENEFICIARY 2**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### **RELATIONSHIP TO THE DECEASED**

\_\_\_\_\_

#### **EMPLOYED**

Yes  No

#### **BANK DETAILS:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

## **BENEFICIARY'S DETAILS**

### **BENEFICIARY 3**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### **RELATIONSHIP TO THE DECEASED**

\_\_\_\_\_

#### **EMPLOYED**

Yes  No

#### **BANK DETAILS:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

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## **BENEFICIARY'S DETAILS**

### **BENEFICIARY 4**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### **RELATIONSHIP TO THE DECEASED**

\_\_\_\_\_

#### **EMPLOYED**

Yes  No

#### **BANK DETAILS:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

## **BENEFICIARY'S DETAILS**

### **BENEFICIARY 5**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### **RELATIONSHIP TO THE DECEASED**

\_\_\_\_\_

#### **EMPLOYED**

Yes  No

#### **BANK DETAILS:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account number: \_\_\_\_\_

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## 7. RECOMMENDATIONS BY THE FAMILY TO THE TRUSTEES

- 7.1 Did the deceased have any other outstanding liabilities e.g. medical bills, uninsured mortgage loans which the family wishes to clear before allocation of benefits? (if yes, please ask the family to provide supporting documents)

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- 7.2 Is there any other information that should be taken into account by the Trustees when allocating the benefits? (e.g. who should be allocated more benefits, difference in surname of the deceased and his beneficiaries)

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## 8. TERMINATION TO THE TRUST

- 8.1 Once a beneficiary reaches the age of 18 years, the Trust account is terminated with the assistance of the guardian. However, where the guardian does not cooperate, Trustees have the discretion of considering reasons advanced and terminate the Trust without the guardian's consent. All the benefits are paid in cash. If a beneficiary is considered to be incapable of managing his / her financial affairs due to ill health or other reasons, there should be proof.

## 9. GENERAL

- 9.1 Other Claimants (*This is directed to the desk officer/officer administering the questionnaire*).
- 9.2 Other than the people mentioned in this questionnaire, were there any other people claiming a right to the benefit / who are eligible to claim a right to the benefit or a portion thereof? If there are / were, please provide details of the people concerned, their telephone contact numbers and the reasons why they have not been included in the recommendation.

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**10. ANY OTHER RELEVANT INFORMATION**

If there is any other information or mitigating circumstances that you feel should be taken into account by the Trustees when considering the recommendation, please provide details below.

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**11. DECLARATION BY THE FAMILY**

We, the undersigned were present during the interview and declare that the information provided to the investigating officers is correct: We also confirm that we have been made aware of the choice made by the deceased member as per the Nomination Of Beneficiaries form, were applicable:

FULL NAME	OMANG NUMBER	RELATIONSHIP TO THE DECEASED	SIGNATURE AND DATE	CONTACT / TELEPHONE NUMBER

**12. RECOMMENDATION ON THE DISTRIBUTION OF DEATH BENEFITS  
BY THE MINISTRY / DEPARTMENT**

FULL NAME	RELATIONSHIP TO THE DECEASED	% SHARE OF BENEFIT	IN TRUST OR PAID CASH

12.1 Reasons for the recommendation (please provide as many details as possible):

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### **13. DECLARATION BY INVESTIGATING OFFICERS**

We / I (Please tick) the undersigned conducted the interview and declare that the information contained in this questionnaire was received

#### **INVESTIGATING OFFICER 1**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Fax number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **INVESTIGATING OFFICER 2**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Fax number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **AUTHORISING OFFICER**

Full Name: \_\_\_\_\_

ID / Omang No: \_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Fax number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Approved by the Executive Benefits Apportionment Committee of the  
Botswana Public Officers Pension Fund**

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**PRINCIPAL OFFICER**

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**EXECUTIVE MANAGEMENT MEMBER**

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**EXECUTIVE MANAGEMENT MEMBER**

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**OFFICIAL DATE OF APPROVAL**

## LETTER FROM TRIBAL AUTHORITY/DISTRICT COMMISSIONER

The letter should bear the following:

1. be addressed to :       The Principal Officer  
Botswana Public Officers Pension Fund  
Private Bag 00195  
GABORONE
2. State the full names of the deceased member as they appear in his/her Omang document/passport.
3. Testify to the death with reference to the death certificate.
4. State if he/she was married.
5. If not, state whether the deceased had a live-in relationship with a partner or not and state the name of the partner in full.
6. State whether the deceased has children or not (born within or out of wedlock)
7. List the names of the deceased's children and their Omang/birth certificate/ passport numbers.
8. If the children were born out of wedlock, state if the partner is married (in the case of a deceased male) and if the children have been adopted by their stepfather.
9. In case of adoption, provide valid documents as proof or a letter from the children's mother and parents authenticated by the Chief confirming the adoption.
10. State if both parents are alive and whether they were financially dependent on the deceased. If one of the parents is late, and if the deceased's mother is a single parent, it should be stated.
11. If parents are alive, state their full names and Omang/ passport numbers.
12. Were there any other persons who were dependent on the deceased? If yes, state their full names, relationship to the deceased and Omang/birth certificate/passport numbers. State how they were financially dependent on the deceased.
13. The letter must have at least two witnesses who are related to the deceased but were not dependent on the deceased. Their full names, Omang numbers and relationship to the deceased should be stated.