

Right holder

Name

ID No.

Date of death

Surviving spouse / heir

Name

ID No.

Address

Post code

E-mail

Tel. - Mobile

I, the undersigned, hereby waive in full my share in the private pension from Gildi Pension Fund to the surviving spouse or heir specified above.

Name

ID No.

Name

ID No.

Name

ID No.

Name

ID No.

Name

ID No.

Name

ID No.

Attachments to application

Statement from the District Commissioner on the progress of the settlement of the estate

Place

Date

Witnesses to the correct signature and date:

Name

ID No.

Name

ID No.