VECTOR ACTUARIES

LOSS OF SUPPORT

Attorney Checklist

DECEASED PERSON

[Enter name]

ATTORNEY'S FILE REFERENCE

[Enter file reference]

DATE OF ACCIDENT

[Enter date of accident]

DATE OF DEATH

[Enter date of death]

	HAVE	NEED	N/A
THE DECEASED & YOUR INSTRUCTION			
Deceased's identity number or date of birth	☐	☐	☐
Death certificate	☐	☐	☐
Letter of instruction, including scenarios or assumptions	☐	☐	☐
THE DECEASED'S EARNINGS & PROSPECTS			
Employment history, dates and employer confirmation / contract	☐	☐	☐
Payslips or employer confirmation of earnings	☐	☐	☐
IRP5 certificates and relevant SARS income tax records	☐	☐	☐
Details of bonuses, overtime, commission and allowances	☐	☐	☐
Employer pension, medical aid and other employment benefits	☐	☐	☐
Self-employed: financial statements, tax returns and bank statements	☐	☐	☐
Qualifications and evidence of career / promotion prospects	☐	☐	☐
Industrial psychologist's report, if available	☐	☐	☐
DEPENDANTS & HOUSEHOLD			
All dependants: names, dates of birth and relationships	☐	☐	☐
Basis and extent of support provided to each dependant	☐	☐	☐
Relationship evidence: marriage / birth certificates or other proof	☐	☐	☐
Maintenance orders or support to other households, if relevant	☐	☐	☐
Children's education and likely period of dependency	☐	☐	☐
Surviving spouse's current and expected future income, if relevant	☐	☐	☐
OTHER FINANCIAL INFORMATION			
Details of relevant pension, insurance or other benefits	☐	☐	☐
Other relevant compensation awards received or expected	☐	☐	☐

NOTES: MISSING INFORMATION, ASSUMPTIONS OR SPECIAL INSTRUCTIONS

[Click to add notes]