FREE GUIDE · 2026



South Africa

Unclaimed benefits & lost policies guide

3 chapters · every source listed

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Unclaimed benefits & lost policies guide 2026

For families in South Africa looking for money owed to them: unclaimed retirement benefits, lost life and funeral policies, and where to search for each.

This guide puts together 3 pages of Tulinde South Africa (tulinde.co.za), word for word. Each chapter states the date it was last reviewed; the 19 sources are listed at the end. Compiled on 31 October 2026. Laws, prices and rules change: check the online version of each chapter (its address is under its title) before you rely on it.

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Chapter 1

Unclaimed benefits in South Africa: how to find a lost pension, life policy or inheritance, free

Reviewed 31 October 2026 · online: https://tulinde.co.za/unclaimed-benefits/

Short answer Checked 31 October 2026

An **unclaimed benefit** is, under the Pension Funds Act, a retirement fund benefit **not paid within 24 months** of becoming due. To find one, use the **FSCA's free Unclaimed Benefits search** (or call **0800 20 3722**): it gives you the fund's contact details and you claim from the fund. For a **lost life or funeral policy**, contact the insurer directly — ASISA runs no central search. Money held by the **Master of the High Court** (Guardian's Fund) is claimed at a Master's Office, for free. The FSCA estimated **R88.56 billion** of unclaimed assets across the financial sector in 2022.

What counts as an unclaimed benefit

Section 1 of the **Pension Funds Act** (as amended with effect from 16 January 2014) defines an **unclaimed benefit** as, among other things (SARS Interpretation Note 99, annexure):

- a benefit **not paid within 24 months** of the date it became legally due under the fund's rules;
- a **death benefit** under section 37C not paid within 24 months from the date the fund **became aware of the member's death** (or a longer period the board justifies in writing);
- pension or annuity payments unpaid 24 months after they stopped being paid, surplus benefits of untraceable former members, and benefits left when a fund is deregistered or liquidated.

The FSCA adds that members of a fund "even as far back as **1981**" may still be entitled (FSCA). For life policies and investments, ASISA's guideline says a customer's right to an unclaimed asset **remains until it is paid**, whatever the time that has passed, and that no tracing costs should be deducted unless the contract allows it (ASISA guideline).

How much money is unclaimed

The FSCA's September 2022 discussion paper estimated **R88.56 billion** of unclaimed assets held by financial institutions: **53%** in retirement funds, **38%** in collective investment schemes and life insurance. At the end of 2020, **1,306 retirement funds** held **R47.2 billion** of unclaimed benefits for **4.45 million** members and beneficiaries (FSCA).

National Treasury's 2026 consultation paper refers to "more than R80 billion in unclaimed financial assets" and proposes to centralise them, starting with retirement fund benefits; it is a **proposal**, not law (National Treasury).

Retirement funds: the FSCA's free search

1. Open the Unclaimed Benefits Search and enter the name, surname, ID number and, if you know them, the fund and employer.
2. No internet? E-mail your ID number to Pensions.UBmemberID@FSCA.co.za, SMS it to **30913**, or call **0800 20 3722**; general questions to Pensions.UBQuery@FSCA.co.za or SMS **30766**. Walk-in: River Walk Office Park, Block B, 41 Matroosberg Road, Ashlea Gardens, Pretoria (FSCA).
3. On a match, the FSCA gives you the **contact details of the fund or administrator** — it "can only assist by providing the contact details".
4. Claim from the fund through its normal process, with ID, proof of address, bank details and, for a deceased member, the death certificate and proof of your relationship.

Lost life and funeral policies

ASISA does **not** run a central tracing service. Its FAQ says that for unclaimed life policy benefits or uncashed investments "you need to contact the financial services company involved", which will ask for proof of your interest (ASISA).

1. Look for policy schedules, debit orders on old bank statements, payslip deductions and letters from insurers.
2. Write to each insurer with the deceased's ID number and death certificate and ask whether a policy exists. The registered insurers are on our list of insurance companies.
3. Ask the deceased's employer about **group life or funeral** cover through the retirement fund.
4. If an insurer refuses or delays, complain to it in writing, then to the National Financial Ombud (complaints).

How funeral claims must be paid: funeral cover.

The Guardian's Fund

The **Guardian's Fund**, run by the Master of the High Court, holds money for minors, people who could not be traced and heirs who did not claim. Each September the Master publishes the unclaimed list in the Government Gazette — the latest is **Gazette 55448 of 25 September 2026** (Master).

To claim, lodge the Guardian's Fund inheritance requirement form, form **CEFTU 3** and form **J251** (J251A from abroad) at the Master's Office concerned (Master). The Master states that beneficiaries can claim "without any third party assistance (e.g. Tracing Agents)", that payment is **free of charge**, and that money unclaimed for **30 years** is forfeited to the state (Accessing the Guardian's Fund, FAQ).

Frequently asked questions

How do I check if I have unclaimed benefits?

Use the FSCA's free Unclaimed Benefits search with your ID number, or SMS your ID number to 30913, or call 0800 20 3722. The FSCA gives you the fund's contact details; you claim from the fund.

What is an unclaimed benefit?

Under the Pension Funds Act, a retirement fund benefit not paid within 24 months of becoming due (for a death benefit, 24 months from when the fund learned of the death).

How do I find a lost life insurance policy in South Africa?

Contact each insurer that may hold it, with the policyholder's ID number and, if they died, the death certificate. ASISA has no central search service.

Do I need a tracing agent to claim unclaimed money?

No. The FSCA search, the insurers and the Master's Office are free; the Master states beneficiaries can claim from the Guardian's Fund without tracing agents.

How much unclaimed money is there in South Africa?

The FSCA estimated R88.56 billion across the financial sector in 2022; retirement funds held R47.2 billion for 4.45 million people at the end of 2020.

Chapter 2

Funeral cover in South Africa: waiting periods, the benefit cap and the two-day claim rule

Reviewed 28 October 2026 · online: https://tulinde.co.za/funeral-cover/

Short answer Checked 28 October 2026

Funeral cover in South Africa is life insurance: only a licensed insurer may carry the risk, and every funeral policy must follow the **Policyholder Protection Rules (rule 2A)**. The waiting period for a natural death can be at most **six months** (or a quarter of the policy term if shorter), there is **no waiting period for accidental death**, and once all documents are in, the insurer has **two business days** to decide and authorise payment. The benefit is capped at **R100,000 per life insured, escalating each year with CPI**.

What funeral cover is, legally

A funeral policy is a life insurance policy written under the **funeral class** of the Insurance Act 18 of 2017: it pays a lump sum, or provides a service, to cover the costs of a funeral when someone dies, up to an amount set by the Prudential Authority.

Since 1 October 2018 every funeral policy — sold by a large insurer or a microinsurer — must also meet the product standards in **rule 2A** of the long-term Policyholder Protection Rules. Policies sold before that date had until **1 July 2021** to comply (rule 2A.2.2).

A policy can be **individual** or **group**. Under the Insurance Act a group policy may only be held by an employer, a fund, or an autonomous association of people who came together voluntarily for a shared purpose other than buying insurance (Joint Communication 7 of 2024, Annexure A).

How much cover: the cap per life insured

The Prudential Authority's Prudential Standard GOI 7 sets the maximum funeral benefit at **R100,000 per life insured, escalating annually by the CPI inflation rate** published by Statistics South Africa, from the date the standard took effect. The FSCA and the Prudential Authority

quoted this as the current rule in November 2024. Rule 2A.4.2 of the PPRs forbids funeral and microinsurance benefits above the prescribed maximum.

The regulators do not publish the escalated rand figure on the documents we checked, so ask the insurer what the current maximum per life is if you want the highest cover.

> The cap is per life insured, so covering the same person under several funeral policies does not make the extra cover funeral cover. Bigger amounts belong in a life cover policy — see life insurance.

Waiting periods: what the rules allow

Situation	What rule 2A allows
Death from natural causes	Waiting period of at most **6 months**, or a quarter of the policy term if that is shorter (rule 2A.6.1)
Death from an accident	**No waiting period** (rule 2A.6.2)
Policy renewed	No new waiting period (rule 2A.6.4)
Switching from another insurer after completing its waiting period	No new waiting period, if the old policy started at least 31 days before and covered similar risks for the same people (rule 2A.6.5)
Switching before the old waiting period ended	Only the part of the old waiting period that was still to run (rule 2A.6.6)
Lapsed policy reinstated, or new policy within 2 months of a lapse	No new waiting period (unless the old one was not finished — then only the rest of it) (rule 2A.9)

Before selling you a policy, the insurer must ask whether you had a previous funeral policy and finished its waiting period (rule 2A.6.7). Say yes, and give the old policy details: it can save you months without cover. Every case where a policy may start paying from day one: funeral cover with no waiting period.

A funeral policy may not exclude a **pre-existing illness** other than through that waiting period (rule 2A.7.1), and may not exclude **suicide** for more than **12 months** from the start (rule 2A.7.2).

Covering your extended family

Most funeral policies let you add a spouse, children, **parents** and extended family — the usual way to get funeral cover for parents. Each person is a separate life insured, with their own cover amount and, often, their own premium. Before adding someone, check:

- the age limits and the amount payable for each category of family member;
- whether a new waiting period starts for each person you add later;
- who receives the payout for each person — you, or the person named as beneficiary.

In a group scheme, the insurer may not cancel or refuse to renew individual members selectively (rule 2A.5.3), and may not change the terms in the **first 12 months** unless it can show actuarial grounds or the change benefits you (rule 2A.5.1).

Claims: the two-business-day rule

1. Report the death to the insurer (or the funeral parlour or adviser that sold the policy) as soon as possible. The claim must be recorded by the next business day, even if documents are missing (rule 17.8.7).
2. Hand in the documents the insurer lists — typically the death certificate, IDs and the claim form. It may ask only for what it needs to assess the claim (rule 17.8.5).
3. Within **two business days** after all required documents are received, the insurer must decide and either authorise payment, reject the claim or tell you it disputes it (rule 2A.8.1).
4. If it disputes the claim, it has **14 more business days** to investigate and then pay or reject (rule 2A.8.2).

The insurer may not reject a funeral claim because you did not disclose something it **never asked you about** before the policy began (rule 2A.8.3).

The cash belongs to the claimant: a funeral policy may not say that the money is paid straight to a funeral parlour, but you may choose to have it paid to the service provider of your choice at claim stage (rule 2A.10). If the policy provides a funeral service instead of cash, you can ask for the stated cash value instead, without an admin fee (rules 2A.4.5 and 2A.4.7).

If the insurer rejects your claim, it must give reasons and you have at least 90 days to challenge it (rule 17.6.3). Then go to the free National Financial Ombud Scheme — see our complaints guide.

Who may sell funeral cover — and the risks with funeral parlours

- **The risk must sit with a licensed insurer** (a life insurer or a microinsurer). Check it on the Prudential Authority's list.

- **A funeral parlour that sells policies** for an insurer must be an authorised financial services provider (FSP) under the FAIS Act. Check its FSP number on the FSCA register.
- A funeral parlour that only provides funeral services, and sells no insurance, does not need a financial licence.

In Joint Communication 7 of 2024, the FSCA and the Prudential Authority said they know of **a high number of unlicensed entities, including funeral parlours, that collect "premiums" and carry the risk themselves** in breach of insurance law — leaving families unsure whether the money will be there when they need it. They also note that commission on funeral policies, unlike most other policies, is **not capped**.

> Before paying: ask for the name of the insurer on the policy document, check it on the Prudential Authority list, and check the seller's FSP number. No insurer named = no insurance.

Paying funeral cover from a SASSA grant

Under **Regulation 29** of the Social Assistance Act regulations, SASSA may allow **only one deduction a month**, of **no more than 10% of the grant**, for a funeral policy issued by a **registered insurer**, and only with the beneficiary's consent (SAnews, 14 August 2025).

- **Not allowed** from the Child Support Grant, the Care Dependency Grant, the Foster Child Grant or the Temporary Disability Grant.
- **A deduction you never agreed to**: dispute it by SMS to **34548** with your ID number and the name of the company, report it at a SASSA office, and cancel the policy with the insurer.
- SASSA says it distances itself from any insurance company that uses its name: a seller who says the policy comes "from SASSA" is a warning sign.

Covering a parent: funeral cover for parents.

What to check before you sign

- The insurer's name and the seller's FSP number.
- The cover amount for each person, and the age limits.
- The waiting period for natural death (maximum 6 months) and that accidental death is covered from day one.
- Whether the premium can go up, and when (no changes in the first 12 months except as rule 2A.5.1 allows).
- What happens if you miss a premium: the grace period is 15 days for monthly premiums (rule 15A), and reinstatement must not add a new waiting period.
- Your 31-day right to cancel a new policy (rule 4.2) — see life insurance.

Frequently asked questions

Can I take out funeral cover for my parents?

Yes. Most funeral policies let you add parents and extended family as separate lives insured, each with their own cover amount, age limits and often their own premium and waiting period. Check who receives the payout for each person. If a parent dies in a road accident, the Road Accident Fund also pays the necessary funeral costs: see RAF death claims.

What is the waiting period for funeral cover in South Africa?

For death from natural causes, a funeral policy may impose a waiting period of at most six months, or a quarter of the policy term if that is shorter (PPR rule 2A.6.1). There may be no waiting period for accidental death, and none when the policy is renewed.

Is there funeral cover with no waiting period?

For accidental death, every funeral policy must pay from the first day: rule 2A.6.2 forbids a waiting period for an accident. For natural death a waiting period of up to six months is allowed, but none may be imposed when you switch from a policy whose waiting period you completed, on renewal, or on a new policy taken within two months of a lapse. See funeral cover with no waiting period.

Can a funeral policy be paid from my SASSA grant?

Yes, with your consent: SASSA may allow one deduction a month of at most 10% of the grant for a funeral policy from a registered insurer (Regulation 29). Not from child grants or the Temporary Disability Grant. Dispute an unauthorised deduction by SMS to 34548.

How long does a funeral claim take to pay?

Once the insurer has all the required documents, it has two business days to assess the claim and authorise payment, reject it or tell you it disputes it (PPR rule 2A.8.1). A disputed claim must be paid or rejected within 14 further business days.

What is the maximum funeral cover per person?

Prudential Standard GOI 7 caps the funeral benefit at R100,000 per life insured, escalating every year with CPI from the date the standard took effect. Ask the insurer for the current escalated maximum.

Do I get a new waiting period if I switch funeral policies?

Not if you had cover with another insurer for similar risks on the same people, started at least 31 days before, and finished its waiting period (rule 2A.6.5). If the old waiting period was not finished, the new insurer can only impose the part that was left.

Is a funeral parlour policy real insurance?

Only if a licensed insurer carries the risk and the parlour is an authorised financial services provider. The FSCA and Prudential Authority have warned that many unlicensed entities, including funeral parlours, collect premiums and carry the risk themselves, which is against the law.

Chapter 3

Life insurance in South Africa: life cover, disability, dread disease and income protection

Reviewed 28 October 2026 · online: https://tulinde.co.za/life-insurance/

Short answer Checked 28 October 2026

In South Africa, **life insurance** ("life cover") pays a sum of money when you die, become disabled or suffer a serious illness, and is sold only by insurers licensed by the Prudential Authority under the **Insurance Act 18 of 2017**. Every life policy is also covered by the **Policyholder Protection Rules** under the Long-term Insurance Act: you can cancel a new policy within **31 days**, a missed monthly premium leaves you covered for **15 days**, and a rejected claim gives you **at least 90 days** to challenge it.

The four kinds of life cover

The Insurance Act sorts life insurance into classes. The "risk" class is what most people mean by life insurance; it pays on a **death event**, a **health event** or a **disability event**. Insurers give their products their own names, so read what the policy actually pays on.

What you see advertised	What the Insurance Act calls it	How it pays
Life cover	Risk — individual death	A lump sum (or set payments) when the insured person dies
Disability cover	Risk — individual disability, lump sum	A lump sum when you become disabled as defined in the policy
Income protection	Risk — individual disability, recurring payment	Regular payments while you are disabled as defined in the policy
Dread disease / severe illness cover	Risk — individual health	A lump sum on a health event, not linked to medical-scheme costs or services
Funeral cover	Funeral class	A capped amount for funeral costs — see funeral cover
Credit life	Credit life class	Pays your debt to a lender — see credit life insurance

Employers and retirement funds also buy **group** versions of these covers for their staff or members. If you have cover through work, ask for the benefit statement before buying more.

> Dread disease and income protection are not medical aid. A health-event policy may not be linked to the costs or services regulated by the Medical Schemes Act (Insurance Act, Schedule 2, Table 1). For hospital bills, see health insurance.

Which laws protect you

- **Insurance Act 18 of 2017** — who may sell life insurance (licensed insurers only) and the classes of business. Check a company on the Prudential Authority's list of insurers or on our page on insurance companies.
- **Long-term Insurance Act 52 of 1998**, section 62 — the basis for the **Policyholder Protection Rules (PPRs)**, gazetted on 15 December 2017 (in force 1 January 2018) and amended on 28 September 2018 (in force 1 October 2018). They are enforced by the FSCA.
- Whoever sells or advises you must be an authorised financial services provider (FSP) or its representative — check on the FSCA register.

What the insurer must tell you

Under PPR rule 11.5, no later than **31 days after the policy starts** the insurer must send you, in writing and separate from the policy wording:

- evidence of cover and how and when benefits are paid to you or your beneficiary;
- all charges and fees, and the **commission** paid to the intermediary;
- all **exclusions and limitations**, with the significant ones shown prominently;
- your right to cancel and how to claim;
- the statements you made that the insurer treated as **material** to its risk assessment — check them carefully, because wrong answers are the classic reason for a rejected claim.

You must also receive a copy of the policy within 31 days, and you can ask for a copy at any time (rule 11.5.3 and 11.5.4).

Changed your mind? The 31-day cooling-off right

PPR rule 4.2 (as amended in 2018) lets you cancel a new policy, or a change you asked for, within **31 days** of receiving the rule 11.5 information, as long as no benefit has been paid or claimed and nothing insured has happened. It does not apply to cover that lasts 31 days or less.

1. Send the insurer a written cancellation notice (keep proof of the date).
2. The insurer must act on it **within 31 days** (rule 4.4).
3. You get back what you paid, less the cost of the cover you actually had and, for investment-linked policies, any market loss (rule 4.3).

Missed a premium: grace period and lapse

Rule 15A, added in 2018, says that if a premium is not paid on its due date the insurer must **tell you within 15 days**, and your cover stays in force:

- for **15 days** after the due date if you pay monthly (or more often);
- for **one month** after the due date if you pay less often;
- or longer, if your policy says so.

If you die or claim during that grace period, the claim is valid but may be **reduced by the unpaid premium** (rule 17.11). A policy clause that lets the insurer reject a claim because the premium was late, when you paid within the grace period, is void (rule 7.1(e)). After the grace period, a policy with no cash value lapses; one with enough cash value is dealt with as rule 15A.3 sets out (kept in force from its value, made paid-up or surrendered).

> Funeral policies have an extra protection: if a lapsed funeral policy is reinstated, or you take a new one with the same insurer within two months, no new waiting period may be imposed (rule 2A.9). See funeral cover.

Replacing an existing policy

Swapping one risk policy for another can lose you cover (new exclusions, new waiting periods, older age at entry). PPR rule 19 therefore makes the new insurer ask the adviser whether the policy is a **replacement**; if so, it must get the adviser's record of advice and send it to your old insurer **within 14 days**, and a senior manager must confirm within 14 days that the record shows why the new policy suits you better.

If the insurer later finds the adviser hid that it was a replacement, it must report this to the regulator and tell you that you may cancel the new policy under the cooling-off rule within **31 days** of being told (rule 19.2.5).

> Practical rule: do not cancel the old policy until the new one is issued, you have read its exclusions and waiting periods, and the cooling-off period has passed.

Claims: deadlines the insurer must meet

- The insurer must record your claim **by the next business day** after it is received, even if documents are missing (rule 17.8.7), and may ask only for documents essential to assess it (rule 17.8.5).
- It must accept, reject or dispute the claim within a reasonable period and **tell you in writing within 10 days** of deciding (rules 17.6.1–17.6.2).
- A rejection must give reasons and tell you that you have **at least 90 days** to make representations to the insurer, plus how to complain to the ombud (rule 17.6.3).
- The insurer must answer your representations **within 45 days** (rule 17.6.5).
- It may not reject a claim **only** because of a polygraph or lie-detector test (rule 17.10), and a clause forcing disputes into arbitration is void (rule 7.1).
- A wrong or missing answer on your application cancels cover only if a reasonable, prudent person would see it as material to the risk (rule 21). If your age was wrong, benefits are adjusted to the correct age (rule 21.3).

If the insurer's final answer is still no, complain free of charge to the **National Financial Ombud Scheme (NFO)**, which took over the Long-term Insurance Ombud and began work on 1 March 2024. Our complaints guide explains the steps, and policyholder rights lists the rest of the rules.

Beneficiaries and keeping cover up to date

- Name your beneficiaries on the policy and update them after a marriage, divorce or birth. Ask the insurer for written confirmation of every change.
- Tell your family which insurer you are with and where the policy documents are; a claim cannot be paid if nobody knows the policy exists.
- Rule 11.5.1 requires the insurer to tell you if you need to review your cover periodically — check the amount against your debts and your family's needs every few years.
- The insurer may end a policy for reasons other than non-payment or a change in risk only with **31 days' written notice** (rule 20.2.1).

Frequently asked questions

What is the difference between life cover and life insurance?

In South Africa they mean the same thing in everyday use: a policy that pays a sum of money when the insured person dies. Many life policies add disability, dread disease (severe illness) or income protection benefits, which the Insurance Act classes as disability and health events.

Can I cancel a life policy after I sign?

Yes. Under PPR rule 4.2 you can cancel a new long-term policy within 31 days of receiving the policy information the insurer must send you, as long as no claim has been made. You get your premiums back less the cost of the cover you had.

What happens if I miss a life insurance premium?

The insurer must notify you within 15 days, and the cover stays in force for 15 days after the due date for monthly premiums (one month for less frequent premiums). If you pay within that grace period, your cover continues (PPR rule 15A).

What is income protection?

Income protection pays regular amounts while you are disabled and cannot work as defined in the policy. The Insurance Act calls it individual disability cover paid as a recurring payment. Read the definition of disability and the waiting period before benefits start.

What is dread disease cover?

Dread disease or severe illness cover pays a lump sum when you are diagnosed with a condition listed in the policy. In the Insurance Act it is a 'health event' policy, which may not be linked to the costs or services regulated under the Medical Schemes Act, so it does not replace medical aid.

Where do I complain about a life insurer?

First use the insurer's complaints process. If you are still unhappy, the National Financial Ombud Scheme (NFO), which absorbed the Long-term Insurance Ombud on 1 March 2024, handles complaints free of charge.

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Chapter 1: Unclaimed benefits in South Africa: how to find a lost pension, life policy or inheritance, free

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Chapter 3: Life insurance in South Africa: life cover, disability, dread disease and income protection

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