



CLAIM FOR DEATH BENEFITS IN RESPECT OF THE LATE :

FULL NAMES OF DECEASED MEMBER : _____

IDENTITY NO : _____ FUND NO : _____

The following questions to be answered fully by person claiming payment of the death benefit.

1. DECEASED'S RESIDENTIAL ADDRESS AT TIME OF DEATH : _____

2. (i) OCCUPATION : _____

(ii) NAME OF LAST EMPLOYER : _____

POSTAL ADDRESS : _____

CONTACT PERSON : _____ TELEPHONE NO : _____

3. (i) DATE OF DEATH : _____

(ii) WHERE DID MEMBER DIE : _____

CAUSE OF DEATH : _____

(iii) WAS DECEASED ILL PRIOR TO DEATH, IF SO, FOR HOW LONG : _____

* ***Certified copy of Death Certificate to be attached.***

4. DETAILS OF REPRESENTATIVE / EXECUTOR OF THE ESTATE

NAME AND ADDRESS: _____

TELEPHONE NUMBER : _____

* ***Letter of appointment to be attached.***

5. IF APPLICABLE, THE DECEASED'S NOMINATED BENEFICIARY IS : _____

6. DETAILS OF DEPENDANTS OF DECEASED

6.1 MARITAL STATUS OF DECEASED MEMBER : *Please tick one of the following :*

Legally Married

Common-law (living together)

Widow / Widower

Divorced

Customary (Lobola) marriage

Estranged / Separated

Girlfriend / Boyfriend

Single

Proof to be attached, i.e. marriage certificate, divorce order, affidavits.

6.2 IF COMMON-LAW SPOUSE FOR HOW LONG DID YOU SHARE A COMMON HOUSEHOLD:

6.3 FULL NAMES OF SPOUSE / PARTNER : _____
ADDRESS : _____

6.4 CHILDREN BORN FROM THIS RELATIONSHIP :

NAMES		AGE	NAMES		AGE
1.	_____	_____	5.	_____	_____
2.	_____	_____	6.	_____	_____
3.	_____	_____	7.	_____	_____
4.	_____	_____	8.	_____	_____

* **Copies of birth certificates and/or I.D. Documents to be attached.**

7. CLAIMANT'S DETAILS :

7.1 NAME : _____

7.2 RELATIONSHIP TO THE DECEASED : _____

7.3 IN WHAT CAPACITY ARE YOU CLAIMING THE BENEFIT ? _____

8. ARE YOU AWARE OF ANYONE ELSE WHO MAY BE A POSSIBLE DEPENDANT/ BENEFICIARY OF THE DECEASED? PLEASE STATE :

(i) RELATIONSHIP TO THE DECEASED : _____

(ii) NAME : _____

(iii) CONTACT TELEPHONE NO. : _____

9. WHO PAID FOR THE FUNERAL ?

9.1 NAME : _____

9.2 RELATIONSHIP TO THE DECEASED : _____

CLAIMANT'S DECLARATION (CERTIFICATE) IN RESPECT OF DEATH CLAIM :

NAME IN FULL : _____

IDENTITY NO. (**Please attach a copy**) : _____

POSTAL ADDRESS : _____

TELEPHONE NUMBERS (HOME) : (_____) _____ AT WORK : (_____) _____

(CELL) : _____

OCCUPATION : _____

I HEREBY DECLARE THAT THE ABOVE DETAILS TO THE BEST OF MY KNOWLEDGE IS TRUE AND ACCURATE.

SIGNATURE : _____

DATE : _____

NB : BANK ACCOUNT DETAILS : GET FORM ON THE WEBSITE