



MOTOR INDUSTRY FUND ADMINISTRATORS

NOTES TO ASSIST THE COMPLETION OF THE APPLICATION FOR DEATH BENEFIT FORM

DEATH CLAIM

Pages 1 and 2 to be completed by the deceased's **Employer**.

Pages 3 to 7 to be completed by the **Claimants**.

It is compulsory that all claimants complete Annexure "A" and "B" in full.

NOTES:

1. Widows (legal and customary law) who are able to submit certified proof of the marriage must complete -

Annexure 'A' Page 3 and 4

Annexure 'B' Page 5

2. Common law and customary law widows who can not supply certificates of marriage must complete -

Annexure 'A' Page 3 and 4

Annexure 'B' Page 5

Annexure 'C' Page 6

3. Guardians, who are not biological parents of the deceased's minor child / children, must complete -

Annexure 'A' Page 3 and 4

Annexure 'B' Page 5

Annexure 'D' Page 7

Please note: This application cannot be processed unless all information required is provided.

You will note that an identity number is required on each page.

The following documentation is required for claims

	A certified copy of the late member's Identity book
	Death certificate
	Marriage certificate/ Sworn statement
	Birth certificates of ALL minor children
	Certified copies of ID documents of ALL claimants

COMPLETED APPLICATION FORMS WITH ALL SUPPORTING DOCUMENTATION MUST BE SUBMITTED VIA YOUR LOCAL MIBCO OFFICE.

REGION	CONTACT NUMBER
EASTERN CAPE PO BOX 7270 PORT ELIZABETH - 6055	(041) 364-0250
NATAL PO BOX 17263 CONGELLA - 4013	(031) 205-5465
FREE STATE PO BOX 910 BLOEMFONTEIN - 9300	(051) 409-4000
HIGHVELD/ NORTHERN REGION PO BOX 2578 RANDBURG - 2125	(011) 369-7500
WESTERN CAPE, PO BOX 17 BELLVILLE, 7535	(021) 948-6400/05



APPLICATION FOR DEATH BENEFIT
CERTIFICATE OF SERVICE - to be completed by the EMPLOYER

AUTO WORKERS PROVIDENT FUND

MOTOR INDUSTRY PROVIDENT FUND

This is to certify that the particulars mentioned hereunder are true records of the employment of the employee.

Employee Council number

Employee Surname

Employee Full names

Identity Number Certified copy of ID MUST BE attached

Contributions received to last day of employment YES NO

Company name _____

Employee's final Weekly / Monthly earnings were R

Termination date to be reflected on the Monthly Returns to Mibco

Reason for termination of employment _____

Period employed From To

If applicable - dates member was absent from work immediately prior to death

From To

Reason for absence _____

According to your records, did the member in writing nominate a beneficiary? YES NO

If Yes, please state the name/s and contact details _____

Marital status: Single Married Divorced Widowed Customary wife Common law

Death date

Income tax ref number

SIGNED FOR AND ON BEHALF OF THE EMPLOYER

INITIALS AND SURNAME DESIGNATION

Contact number

DATE

EMPLOYER SIGNATURE

COMPANY STAMP

**SARS FORM D
PENSION AND PROVIDENT FUNDS**

Member's Council number

To be completed by the member's employer in all cases where a Form A is applicable, and submitted by the Trustee/ Administrator / Insurer of the Fund in conjunction with a Form A to SARS.

Name of Employer
 Employer's Address
 Code

1. Employee's Surname
 Employee's First name
 ID number

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership to the fund.

YEAR	SALARY
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>

Total R

Average for 5 years or lesser period if employee was employed for a lesser period R

3. To be completed on the death of an employee - twice the salary during 12 months immediately preceding death.

R

NOTE: For the purpose of question 2 and 3, 'Salary' includes any amount received or receivable annually under a contract of service as also cost of living allowances, commission, share of profits, etc, but not occasional bonuses or fees which were dependant on the whim of the Directors or Employer.

DECLARATION

Certified correct to the best of my knowledge and belief.

NAME

DESIGNATION

SIGNATURE _____

ANNEXURE 'A'
APPLICATION BY CLAIMANT FOR DEATH BENEFITS

Application is hereby made for benefits under Rules of the Fund in respect of the late:

DECEASED MEMBER'S DETAILS

Surname

Full Names

ID Number Certified copy of Identity Book **MUST BE** attached

Deceased's Council number

Date of death Certified copy of death certificate **MUST BE** attached

RESIDENTIAL ADDRESS:

Unit nr:

Complex name:

Street nr:

Street name/Name of farm:

Suburb/District:

City/Town:

Postal code:

MARITAL STATUS OF DECEASED (mark the relevant box with a)

<input type="checkbox"/> Legally married	Marriage certificate MUST BE attached
<input type="checkbox"/> Widow / Widower	Death certificate of spouse MUST BE attached
<input type="checkbox"/> Customary-law marriage	Customary Union certificate or proof of Lobola paid MUST BE attached
<input type="checkbox"/> Common-law (living together)	If unavailable Annexure 'C' MUST BE completed
<input type="checkbox"/> Divorced	Annexure ' C' MUST BE completed by Independent Party
<input type="checkbox"/> Estranged / Separated	Divorce order MUST BE attached
<input type="checkbox"/> Single	Sworn affidavit to confirm date of seperation

CLAIMANT DETAILS

Name in full

ID Number Certified copy of Identity Book **MUST BE** attached

RESIDENTIAL ADDRESS:

Unit nr:

Complex name:

Street nr:

Street name/Name of farm:

Suburb/District:

City/Town:

Postal code:

Contact number Cell nr

Relationship to deceased _____

Were you financially dependent on the deceased? YES NO

If Yes, please explain:

Widows/common-law spouses:
living together from to

PARTICULARS OF FAMILY MEMBER NOT LIVING WITH CLAIMANT

Name

Postal Address

Cell number

Relationship to deceased / claimant _____

Did the deceased member have any children/dependants? YES NO

If Yes, please list children/dependants of deceased

NAME	RELATIONSHIP	DATE OF BIRTH							
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y

Copies of the children's birth certificates must be attached
 If the claimant is not a biological parent of the children listed above, **Annexure 'D' must be completed**

CLAIMANT'S BANKING DETAILS
BANK STATEMENT OR BANK ENQUIRY PRINTOUT STAMPED BY THE BANK MUST BE SUPPLIED

Account Holder Name

Name of Bank

Branch Code

Account Number

Type of Account Savings Cheque Transmission Other _____

BANK STAMP

If the bank account holder is not the claimant, then the following must be completed by him/her and the account holder.

I: _____ of identity nr: _____ hereby instruct the Motor Industry Fund Administrators to pay the provident fund benefit due to me into the above mentioned account.

SIGNED BY CLAIMANT _____

I: _____ of identity nr: _____ (Copy of my Identity Book) state that I have no objection to the Motor Industry Fund Administrators paying the provident fund benefit due to the above mentioned member into my banking account as per details provided above.

SIGNED BY THE ACCOUNT HOLDER _____

I hereby declare that the above details to the best of my knowledge are true and accurate.

Signed at _____ on this _____ day of _____ 20 _____

SIGNATURE OR MARK OF CLAIMANT: _____

ANNEXURE 'B'

DECEASED'S FULL NAME _____

DECEASED'S COUNCIL NR

The following additional information is needed to assist in determining dependants and the distribution of the benefits:

1. Was the deceased previously married? YES NO
If YES, please supply the name, address and contact nr of the ex-spouse/s and a copy/copies of either the Divorce Order/s or the ex-wife's Death Certificate/s if applicable.

2. If deceased was divorced did he/she remarry after his/her divorce? YES NO
If YES, please supply the spouses' name, address and contact nr.

3. Did the deceased enter into Customary Union? YES NO
If YES, supply names, addresses and contact details.

4. Were any children born out of wedlock? YES NO
If YES, supply details of the children's names, addresses and birth certificate.

4.1 Name, address and contact nr of children's guardians and guardian's relationship to deceased:

5. Was the deceased required to pay any child maintenance? YES NO
If YES, please supply a certified copy of the Maintenance / Divorce Order.

6. Are any of the deceased's minor children being cared for by someone other than their biological parent?

YES NO

If YES, please provide details of guardians' names, addresses and contact nr.

SIGNATURE OF CLAIMANT _____ DATE _____

ANNEXURE 'C'

AFFIDAVIT - PROOF OF CUSTOMARY UNION - COMMON LAW RELATIONSHIP

PLEASE NOTE: This information must be completed by an INDEPENDENT PARTY i.e a pastor, doctor or lawyer or a relative sharing the same surname as the deceased. The INDEPENDENT PARTY CANNOT also sign as Commissioner of Oaths.

DECEASED'S FULL NAME

DECEASED'S COUNCIL NR

DECEASED'S ID NR

Nature of claimant's relationship with deceased (mark the relevant box with a)
Customary Union **OR** Common-law relationship

I the undersigned,
Name (Full names) _____
ID No _____
Address _____
Tel no _____ Cell No _____
In my capacity as _____
(Tribal Chief, father, mother, pastor, etc)

state under oath that I knew the deceased (name) _____

and reputed spouse (name), _____

as husband and wife from to

The number of children born from this Union were

Did the deceased have any other relationship? Yes No

If Yes, state the names and addresses and contact numbers of such a person.

Were any other children born out of the above mentioned relationship? Yes No

If Yes, state names, addresse and contact numbers of children.

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at _____ on this _____ day of _____ 20 ____
by the deponent who has acknowledged the fact that he/she knows and understands the content of this affidavit.

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

ANNEXURE 'D'
AFFIDAVIT BY GUARDIAN
RE: CARING AND MAINTENANCE OF MINOR CHILD / CHILDREN OF THE DECEASED

DECEASED'S FULL NAME _____

DECEASED'S COUNCIL NR

DECEASED ID NR

I the undersigned,

Name (Full Name) _____ Identity Number _____

Address _____

Tel No _____ Cell No _____

1. The deceased (full names) _____
 Identity No: _____ was my _____ (state relationship)

2. I further confirm that I am caring for and maintaining the deceased's minor child / children as listed below:

NAME	AGE	DATE OF BIRTH							
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y

3. If you are not the child/childrens biological parent do you know the whereabouts of the child/childrens' mother/father?
 YES NO

If YES, kindly provide details of the whereabouts of the mother / father and the reason why she/he/they is/are not caring for their child / children.

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

Signed and sworn before me at _____ on this _____ day of _____ 20 _____
 by the deponent who has acknowledged the fact that he/she knows and understands the content of this affidavit.

SIGNATURE OF GUARDIAN

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP