

**AUTOWORKERS PENSION FUND
AUTOWORKERS PROVIDENT FUND
MOTOR INDUSTRY PROVIDENT FUND
UNCLAIMED DEATH / SURPLUS DEATH APPLICATION FORM**

BRS REF: _____

DECEASED'S INFORMATION.

Deceased's Surname: _____

Full names: _____

Identity Number: _____ Date of birth: _____

Other Identification (Old Passbook number) _____

Tax number of deceased: _____

Residential Address: _____

Postal Address: _____

Postal code _____

Please provide certified copies of the following documentation:

- **DEATH CERTIFICATE**
- **MARRIAGE CERTIFICATE**
- **IDENTITY DOCUMENT COPIES / BIRTH CERTIFICATES OF CLAIMANTS**
- **ORIGINAL BANK STATEMENT OF CLAIMANT/S**

Please send the completed claim forms to:

**SURPLUS CLAIMS DEPARTMENT
PRIVATE BAG X10095
RANDBURG
2125**

NB: NO FAXED OR E-MAILED DOCUMENTATION WILL BE ACCEPTED

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

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 _____