



Funeral Dependants Form

Complete where applicable using block letters or tick



Scheme Name:

Employer Name:

A – Personal Details

Surname & Title:

Date of Birth:
(yyyymmdd)

First Name and Initials:

Sex:

Identification Number:

Pay sheet No.:

B – Dependants for Funeral

The following person/s must be added to my Family Funeral benefit.

	Surname & Title:	First Name & Initials	ID no.	Age	Relationship to member
Funeral Dependants: (Only spouse and up to 4 children)					

C – Beneficiary Nomination

In the event of death of the Main member, the following person is nominated as beneficiary

Surname:

Name:

ID No:

Relation

Signatures:

Member:

on behalf of
Employer/Trustees:

Date:

Date: