



Death Claim Form

Complete where applicable using block letters or tick



Scheme Name:

Employer Name:

Employer Branch Name or Number:

Scheme Number:

Deceased's particulars (please complete in full)

Surname & Title:

First Names and Initials:

Identification Number:

Date of Birth:
dd/mm/yyyy

Member's Residential
address:

Member's
Postal address:

Member's contact
numbers:

Cell:

Member's email address:

Marital Status:

Married

Single

Divorced

Widowed

Employee number:

Date of last contribution:
dd/mm/yyyy

Income Tax number:

Revenue Office:

Date of death:
dd/mm/yyyy

Date of birth:
dd/mm/yyyy

Death Claim Form

Disposal of benefits

Surname, first name, initials & title of dependent or other nominee	Date of birth dd/mm/yyyy	Relationship to member	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address:

Telephone number:
Cell number:
Email address:

Banking details:

Account holder's name:

Account number:

Branch code: Type of account

Name of bank: Name of branch:

Surname, first name, initials & title of dependent or other nominee	Date of birth dd/mm/yyyy	Relationship to member	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address:

Telephone number:
Cell number:
Email address:

Banking details:

Account holder's name:

Account number:

Branch code: Type of account

Name of bank: Name of branch:

Surname, first name, initials & title of dependent or other nominee	Date of birth dd/mm/yyyy	Relationship to member	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address:

Telephone number:
Cell number:
Email address:

Banking details:

Account holder's name:

Account number:

Branch code: Type of account

Name of bank: Name of branch:

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N-e-FG Administrators (Pty) Ltd Licensed as a an Administrator in terms of section 13B of the Pension Funds Act number 24 of 1956.
13B License number 24/425

Applicable to retirement funds only

In terms of Sections 37C of the Pension Funds Act, any benefit payable by the scheme in respect of a deceased member will be paid to any one or more of the dependants or nominees of the member.

Section 1 of the Act defines a dependant as follows:

“dependant”, in relation to a member, means –

- a) a person in respect of whom the member is legally liable for maintenance;
- b) a person in respect of whom the member is not legally liable for maintenance, if such person –
 - (i.) was, in the opinion of the board, upon the death of the member in fact dependant on the member for maintenance;
 - (ii.) is the spouse of the member, including a party to a customary union according to Black law and custom or to a union recognised as a marriage under the tenets of any Asiatic religion;
- c) a person in respect of whom the member would have become legally liable for maintenance, had the member not died.

Is there a divorce order issued affecting the payment of Fund benefits:
(If Yes, please provide a copy of your divorce order.)

Yes No

Section 37D of the Pension Funds Act

The section provides two instances when a Fund may deduct amount from a member’s benefit. These are:

1. When the member owes the Fund of his Employer money for an outstanding housing loan given by the Fund or the Employer or when the Fund or Employer provides a guarantee for a housings loan taken by the member and the guarantee is enforced.

Does the member have a housing loan? Yes No

2. In the event of an Employer suffering loss due to an employee’s theft, dishonesty, fraud or misconduct, where the employee has admitted in writing or a court judgement has been obtained and a compensation order has been made against the member.

Does the member have a prior claim? Yes No If yes, enter amount

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If yes, provide certified copy of relevant documentation. Specify reason

Declaration

We declare that:

- The information contained herein is correct.
- We indemnify N-e-FG Administrators (Pty) Ltd and the Fund against any action and or liability arise as a result of any error or incorrect information supplied herein.

Where the claim is i.r.o. the member’s spouse

Signatures:	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
	Member		on behalf of employer / trustees
Date dd/mm/yyyy	<input style="width: 90%;" type="text"/>	Date dd/mm/yyyy	<input style="width: 90%;" type="text"/>

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Notes

The following supporting documentation must be submitted:

1. Original or certified copy of death certificate
2. Original or certified copy of member's ID
3. Original or certified copy of the ID for all beneficiaries / dependants / nominees
4. Copy of bank statement / cancelled cheque for all stipulated bank accounts
5. Copy of latest beneficiary nomination form duly signed by the member
6. Original or certified copy of the member's latest salary statement
7. Form D (for claims prior 01 October 2007)
8. Copy of divorce order
9. Copy of housing loan agreement
10. Copy of trustee decision or completed disposal of death benefits form

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