#  MUNICIPAL WORKERS RETIREMENT FUND



**Fax 011 482 7044/2590**

**Section 1. Member Details**

|  |  |
| --- | --- |
| Surname |  |
|  Name |  | I D no |  |
| Sex | Male |  | Female |  |
| Occupation |  | Employee no. |  |
| Contact details | (Cell) (Home) (Work) |
| Home address |  |
| Name of employer |  Contact details of employer: |

Is the deceased a *(Tick)* Member Spouse Child

**Section 2. Deceased Details (if different from member)**

|  |  |
| --- | --- |
| Name |  |
| Surname |  | ID no. |  |
| Sex | Male |  | Female |  |
| Physical address |  |

 **Section 3. (When applicable) The following are the Dependants of the deceased Participant**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Surname | Identity Number | Date of Birth |
| Spouse 1 |  |  |  |
| Spouse 2 |  |  |  |
| Children 3 |  |  |  |
|  4 |  |  |  |
|  5 |  |  |  |
|  6 |  |  |  |

**Section 4. Claimant Details**

|  |  |
| --- | --- |
| Names |  |
| Surname |  |  ID no. |  |
| Sex | Male |  | Female |  |
| Contact no. | (Cell) (Home ph) (Work ph) |
| Address |  |
| Name of Bank |  | Branch code |  |
| Account type |

|  |  |  |
| --- | --- | --- |
| Saving | Cheque | Transmission |

SavingChequeTransmissionChequeTransmission | Cheque | Transmission |

***I hereby declare that the above information is correct and shall not hold the Municipal Workers Retirement Fund, and its officers liable for any losses as a result thereof, and further authorize Municipal Workers Retirement Fund to verify my banking details and any other information as may be required.***

Signature

**Section 5. List of documents to attach with the claim form**

***(Please Tick)***

1. Funeral claim form
2. Member’s ID copy
3. Certified ID copy of the claimant
4. Death claim form
5. Certified copy of death certificate
6. Payslip at date of death
7. Proof of registration or medical report
8. Proof of relationship
9. Bank statement of claimant Human Resources authorized signature

Name:\_

Signature Date