

DEATH CLAIM ADVICE

Municipal Workers Retirement Fund

24 Napier Road, Richmond 2102 P.O. Box 291248, Melville 2109

Tel: 011 7272800 F011 482 7044

Municipality	
MEMBERS'S PERSONAL DET	AILS
Member's names and Surname	
Members ID no.	
Marital status Single [Married Divorced Please attach copy of marital status
Residential address	
Income tax number	
Office to which last tax return se	nt to
Contribution details Date last contribution made Date of change Salary or wage at date of death Details of salary earned Highest average salary earned by Year 1 2 3 4 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	y the member during any 5 consecutive years in the service of the employer during his membership of the fund Salary
Average for 5 years or lesser pe	riod if employee employed for lesser period
EMPLOYER DETAILS	
Are there any monies to be red	covered from the benefit in terms of Sections 37D of the Pension Fund Act? Yes No
If yes please give reason	
Please give amount to be recover	ared
Please include proof of the mo	nies to be recovered
Diogno attach the fellewing de	oumant tagether with the list of handisiaries. Tiek
Original certified death certificate	cument together with the list of beneficiaries <i>Tick</i> copy Form A & D Other documents specify
Original certified ID copy	Marriage certificate
Death beneficiary nomination for	
Disposal of death benefits quest	

LIST OF DEPENDANTS AND BENEFICIARIES

Dependant 1

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	

Dependant 2

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	

Dependant 3

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	

Dependant 4

Name and surname	
ID no.	
Contact no.	
Address	
Occupation Relationship	
Relationship	

Dependant 5

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	

Dependant 6

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	

Dependant 7

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	

Dependant 8

Name and surname	
ID no.	
Contact no.	
Address	
Occupation	
Relationship	