



# 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 DETAILS

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 sent 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 the member during any 5 consecutive years in the service of the employer during his membership of the fund

Year					Salary				
1					R				
2					R				
3					R				
4					R				
5					R				
					R				
					R				
Total					R				

Average for 5 years or lesser period if employee employed for lesser period

## EMPLOYER DETAILS

Are there any monies to be recovered 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 recovered

**Please include proof of the monies to be recovered**

**Please attach the following document together with the list of beneficiaries *Tick***

- Original certified death certificate copy        Form A & D        Other documents specify
- Original certified ID copy        Marriage certificate
- Death beneficiary nomination form        Beneficiaries certified ID copy
- Disposal of death benefits questionnaire        Beneficiaries bank statement

**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	

**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	

# DISPOSAL OF DEATH BENEFITS QUESTIONNAIRE



## Municipal Workers Retirement Fund

24 Napier Road, Richmond 2102

P.O.Box 291248, Melville, 2109

Tel: 011 727 2800 Fax: 011 482 7044

This questionnaire should be completed for death claims. It will be used by the Trustees to ensure that any death benefit is paid to the correct persons. This form must be completed by employer and the member representative

Name of deceased member

Date of birth  Date of death

Date advised of death  Cause of death

### THE EMPLOYER OR THE MEMBER REPRESENTATIVE IS TO INTERVIEW THE DECEASED'S FAMILY AND RELATIVES TO ESTABLISH THE FOLLOWING INFORMATION NEEDED TO PROCEESE DEATH CLAIM.

Marital status at date of death: Single  Married  Divorced  Separated  Live in partner

Number of spouses: 1  2  3  4  Did the deceased have a girlfriend? Yes  No

Please provide details of spouses:

#### Spouse 1

Name and surname

Type of marriage civil or customary  Was spouse living with deceased at date of death? Yes  No

Date of birth

Address

#### Spouse 2

Name and surname

Type of marriage civil or customary  Was spouse living with deceased at date of death? Yes  No

Date of birth

Address

#### Spouse 3

Name and surname

Type of marriage civil or customary  Was spouse living with deceased at date of death? Yes  No

Date of birth

Address

#### Spouse 4

Name and surname

Type of marriage civil or customary  Was spouse living with deceased at date of death? Yes  No

Date of birth

Address

Was deceased and spouse/s living together at the date of death? Yes  No



