

Funeral Claim Form

1. Complete all sections

A - Scheme details

Scheme name Scheme ref.

Employer name

Employer branch name or no.

B - Member's details

Member title Initials

First name/s

Surname

RSA ID Yes No ID/Passport No.

Date of birth DD - MM - YYYY Member ref. no.:

Marital status Married Single Divorced Widowed

Date of joining the employer DD - MM - YYYY

C - Deceased's details

Title Initials

First name/s

Surname

RSA ID Yes No ID/Passport No.

Relationship to member Member Spouse Child Parent Nominee

Date of death DD - MM - 20YY Date of birth DD - MM - YYYY

Cause of death

D - Claimant's banking details

To whom is benefit payable? Member Spouse Dependants/nominees Employer

Name of payee

Account holder's name

Name of bank/building society:

Branch office:

Account number: Branch no.:

Account type:

Transmission, cheque, etc

E - Claimant's details

Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID/Passport No.	<input type="text"/>
Date of birth	<input type="text"/>		
Relationship to member	<input type="text"/>		
Tel No. work	<input type="text"/>	Tel No. home	<input type="text"/>
Cellphone No.	<input type="text"/>		
Email address	<input type="text"/>		

F - Declaration by employer

I, (full names)

hereby declare that:

- The deceased was a member of the scheme at the date of death or a dependant or nominee of a member;
- All particulars furnished in this form and accompanying documentation are true and correct; and
- I have made every effort to comply with the requirements stated in this document.

Signed at:

<input type="text"/>	<input type="text"/>
Signature of Employer	
<input type="text"/>	
Date	Official stamp of employer

Notes

The following supporting documentation must be submitted:

- | | | |
|--------------------------|---|--------------------------|
| Death of member: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | For Foreign national, a certified copy of the late member's passport and death certificate. BI-20+BI-1663 forms. An English translation of document submitted in another language | <input type="checkbox"/> |
| Death of spouse: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | Copy of marriage certificate or proof of customary union or marriage | <input type="checkbox"/> |
| Death of child: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member). | <input type="checkbox"/> |
| | If the surname of a child is different to that of the member, an affidavit is required from one of the parents as proof of relationship. | <input type="checkbox"/> |
| | If Stillbirth, a doctor's note or BI-1663 confirming gestation period at date of death. | <input type="checkbox"/> |
| | Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death. | <input type="checkbox"/> |
| | Child who is incapacitated (mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate) | <input type="checkbox"/> |
| Death of parent: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | Copy of marriage certificate or proof of customary union or marriage (iro of death of spouse and parent-in-law) | <input type="checkbox"/> |
| Death of nominee: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | Proof of relationship | <input type="checkbox"/> |
| | Option form showing selection | <input type="checkbox"/> |

Momentum reserves the right to request additional documents should they so require.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.
