

Death claim for approved benefits (Group Life Cover)

Please note that the processing of the claim is subject to the following conditions:

- All sections must be completed in full.
- All copies must be legible, and photocopies must be clear.

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Section 1: Employer details

Scheme name	<input type="text"/>	Scheme ref	<input type="text"/>
Name of employer	<input type="text"/>		
Branch name	<input type="text"/>		

Section 2: Deceased member's details

Member number	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		
Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Permanent Life Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was the member "actively at work" at the date of joining the Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Salary on which life cover premium was based (if not the same as the pensionable salary)R	<input type="text"/>		
Date of joining the employer	<input type="text"/>	<input type="text"/>	Date of joining scheme <input type="text"/>
Last day member was actively at work	<input type="text"/>	<input type="text"/>	Month of last premium paid <input type="text"/>
Was the member in receipt of a monthly disability income benefit immediately prior to death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section 3: Declaration by employer

I hereby declare that:

- The deceased was a member of the scheme at the date of death
- All particulars furnished in this form and accompanying documentation to the best of my knowledge are true and correct
- I have made every effort to comply with the requirements stipulated in this document

I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.

I agree that Momentum Corporate may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.

[Click here](#) to read the full consent document.

Signed at

Designation

Signature

Date - -

Documents required:

The following documents are required for claim submission together with a fully completed claim form: **(If the deceased was a South African citizen)**

For accidental death benefit:

Police report

Death of member

If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.

The following documents are required for claim submission together with a fully completed claim form: **(If the deceased is a Foreign national)**

Death of member

If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.

If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/ stillbirth (DHA-1663) form.

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

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back to Momentum Corporate.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.