

# Death claim for approved benefits (Group Life Cover)

Member number

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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  Scheme ref

Name of employer

## Section 2: Deceased member's details

Title  Initials

First name/s

Surname

RSA ID Yes  No  ID/Passport no

Passport country of origin

Marital status Married  Divorced  Single  Widower  Permanent Life Partner

Date of birth  -  -

Date of death  -  -

Tax number:

Postal address prior to death  Postal Code

Residential address prior to death  Postal Code

Last known Tel No: Home  Cellphone no

Last known email address

Was the member "actively at work" at the date of joining the Fund? Yes  No

Salary on which life cover premium was based (if not the same as the pensionable salary)R

Date of joining the employer  -  -  Date of joining scheme  -  -

Last day member was actively at work  -  -  Month of last premium paid  -  -

Was the member in receipt of a monthly disability income benefit immediately prior to death? Yes  No

### Section 3: Fund's payment details

Name of Fund	<input type="text"/>		
Account holder's name	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/>		
Account type	Current/ Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>

### Section 4: 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

Signed at

Designation

Signature

Date    -    -

### Documents required:

A fully completed claim form: **(If the deceased was a South African citizen)**

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

<b>Death of member</b>	
Copy of members latest ID or back and front copies of ID card or birth certificate.	
A certified copy of the late member's passport.	
A certified copy of death certificate. An English translation if document submitted in another language.	

**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.