

Death claim for unapproved 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

Name of fund / scheme Postal Code

Name of employer

Section 2: Deceased member's details

Title Initial/s

First name

Surname

Race African White Coloured Asian Other

Date of birth - -

Date of death - -

RSA ID Yes No ID/Passport number

Passport country of origin

Deceased's postal address prior to death

Postal Code

Deceased's residential address prior to death

Postal Code

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

Date of the last increase in cover - -

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

Last day on which member was actively at work - -

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

Cause of member's death

Section 3: Distribution of benefits

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Residential address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Relationship to member	<input type="text"/>				Postal Code	<input type="text"/>
	<input type="text"/>				% Share	<input type="text"/>
Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Residential address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Relationship to member	<input type="text"/>				Postal Code	<input type="text"/>
	<input type="text"/>				% Share	<input type="text"/>
Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Residential address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Relationship to member	<input type="text"/>				Postal Code	<input type="text"/>
	<input type="text"/>				% Share	<input type="text"/>
Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Residential address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Relationship to member	<input type="text"/>				Postal Code	<input type="text"/>
	<input type="text"/>				% Share	<input type="text"/>

Section 4: General information

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

Month of last contribution M M - Y Y Y Y

	Pension Fund	Provident Fund
Amount of last member contribution	R <input type="text"/>	R <input type="text"/>
Amount of last employer contribution	R <input type="text"/>	R <input type="text"/>
Amount of last monthly additional voluntary contribution (if any)	R <input type="text"/>	R <input type="text"/>

Comments (e.g. contributions proportioned / paid in advance):

Section 5: Payment details

To whom is benefit payable? Dependants/nominees Member Employer Other If other, enter name and postal address

Name

Postal address

Postal Code

Payment by cheque Payment directly into bank account

Account holder's name

Name of bank

Branch name

Branch code - -

Account number

Account name

Account type Current Transmission Savings

Section 6: Details of claim(s)

Requirements:

Phase 1: With submission of this claim, kindly attach

A certified copy of the death certificate	
The deceased's most recent beneficiary nomination form	
An original or copy of proof of the deceased's earnings / salary in respect of the last TWO months preceding death	
If the member died as a result of unnatural / accidental causes, a police declaration summarising the events leading to the member's death.	

Phase 2: To initiate the actual payment of benefits, the following are required (if not already submitted in Phase 1 above)

Where a trust is to be set up on behalf of a minor/s, a fully completed trust deed	
Confirmation of every beneficiary's banking details (i.e. a cancelled cheque (if cheque account), or an original official letter from the beneficiary's bank confirming ownership of the account, as well as the effective date of the account)	
An originally certified copy of every beneficiary's ID document or birth certificate.	

Section 7: Declaration by employer

I

hereby certify 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

 - - 2 0

Official stamp of employer

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 via email to clientcontactcentre@momentum.co.za or fax it to +27 (0)12 675 3970.
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.