

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.

Passport country of origin

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

Marital status Single Married Divorced Widowed Permanent Life Partner

Date of joining the employer DD - MM - YYYY Date of joining scheme DD - MM - YYYY

Last known Tel No. Home Cellphone No.

Last known Email address

Last known residential address

Postal Code

C - Deceased's details (Only complete the Date of Death if the deceased is the member)

Title Initials

First name/s

Surname

RSA ID Yes No ID/Passport No.

Passport country of origin

Relationship to member Member Spouse Child Parent Nominee Permanent Life Partner Parent-in-law

Other Extended family e.g. Aunt, Uncle etc.

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

Last known Tel No. Home Cellphone No.

Last known Email address

Last known residential address

Postal Code

D - Payment details

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

Name of payee		
Account holder's name		
Name of bank		
Branch office:		
Account number:		Branch no.:
Account type:	<input type="checkbox"/> Current/ Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings	
Signed at:		

Signature of Claimant

D	D	-	M	M	-	Y	Y	Y	Y
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Date

E - Claimant's details (Do not complete this section if the Claimant is the member)

Member title		Initials	
First name/s			
Surname			
RSA ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID/Passport No.	
Date of birth	D D - M M - Y Y Y Y		
Relationship to member			
Last known residential address			Postal code:
Tel No. work			
Fax No.			
Last known Tel No. home			
Cellphone No.			
Email address			

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, to the best of my knowledge is true and correct; and
- I have made every effort to comply with the requirements stipulated in this document.

Signed at:	
Designation	

Signature of Employer

D	D	-	M	M	-	Y	Y	Y	Y
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Date

Documentation required

The following documents are required for claim submission together with a fully completed claim form: (If the deceased was a South African citizen)	
Death of member:	The most recent nominated beneficiary form.
	If it is a Customary union or a marriage concluded under the tenets of any other religion, or a Permanent Life partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.
Death of spouse / Life Partner:	Proof of marriage is required if it is a Customary Union or a marriage concluded under the tenets of any other religion, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.
Death of child:	If the surname of a child is different to that of the member proof of relationship is required from the parent not claiming. The attached Momentum Affidavit must be completed and certified by a commissioner of Oaths
	If stillbirth a fully completed BI 1663 / DHA Form.
	Child in full time study (If benefit applicable per policy) proof of registration as a student in the year of death.
	Child who is incapacitated (Mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate)
Death of Parent / Parent-in-law:	Proof of marriage is required if it is a Customary Union or a marriage concluded under the tenets of any other religion, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.
Death of nominee:	The most recent nominated beneficiary form.
Accidental death benefit	Police report
	Identification of body form

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:	Latest copy of members 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 the late member's Death certificate. An English translation of document if submitted in another language.
Death of spouse/ Life Partner:	A certified copy of the late spouses' passport.
	A certified copy of the spouses' Death certificate. An English translation of document if submitted in another language.
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate
	Proof of marriage/ spouse must be provided. If marriage is registered, then a marriage certificate is needed. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanent Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.
Death of a child:	A certified copy of the late child's passport.
	A certified copy of the late child's Death certificate. An English translation of document if submitted in another language.
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate
	If surname of a child is different to that of the member, proof of relationship is required from the parent not claiming. The attached Momentum Affidavit must be completed and certified by a Commissioner of Oaths.
	If Stillbirth, a doctor's note confirming gestation period at date of birth.
	Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death.
	Child who is incapacitated (mentally or Physically) proof of disability (e.g. report from attending doctor or medical certificate)
Death of parent/ Parent-in-law:	A certified copy of the deceased's passport.
	A certified copy of the deceased's Death certificate. An English translation of document if submitted in another language.
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate
	Proof of marriage/ spouse must be provided. If marriage is registered, then a marriage certificate is needed. If it is a Customary Union or a marriage concluded under he tenets of any other religion, or a Permanent Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.
Death of nominee	A certified copy of the late nominees' passport.
	A certified copy of the late nominees' Death certificate. An English translation of document if submitted in another language.
	Most recent nominated beneficiary form.
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate
Accidental death benefit	Police report
	Identification of body 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 via Momentum.
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.

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Momentum Corporate is a part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider
Reg. No. 1904/002186/06

Affidavit - Permanent Life Partner

I, the undersigned

Title First name

Surname

RSA ID Yes No ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

I am an adult male/female, residing at

Residential address

Postal code

My contact details are:

Cellphone no Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

The deceased, Title Full name

RSA ID Yes No ID / Passport no

Passport country of origin

was my permanent life partner since - - , until the time of his or her death.

we were living together in a joint household which we mutually shared at

Residential address

Postal code

from - - until the time of my partner's death - -

We were financially dependent on each other;

We have children born from our "union" or jointly raised during our union namely

Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We shared the following living expenses:

We jointly owned the following assets and liabilities:

Please provide specific detail/s that can objectively prove/substantiate the content of proof of your partner with supporting evidence on the following:

Insurance policy

I nominated my partner

Title First name

Surname

as a beneficiary under my insurance policy

Policy Details

Will and testament

I nominated my partner/or my partner nominated me in our will under clause.

Medical Aid

I was covered under my partner's medical aid

Name of medical aid

from - - until the time of his/her death - -

OR My partner

Title First name

Surname

was covered under my medical aid from - - until the time of his/her death - -

In addition, the following information confirms my relationship to the deceased

Signed at

Deponent **Date**

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

Commissioner of Oaths **Date**

Title First name

Surname

Address

Postal code

Affidavit - For marriages concluded under tenets of any other religion

I, the undersigned

Title First name

Surname

RSA ID Yes No ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

I am an adult male/female, residing at

Residential address

Postal code

My contact details are:

Cellphone number Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

The deceased, Title Full name

RSA ID Yes No ID / Passport no

Passport country of origin

was my husband/Wife since - - , until the time of his or her death.

I confirm that our marriage was in terms of Islamic law Hindu law Buddhist law Other

The marriage was performed by: Title First name

Surname

(Religious leader/ Designation)

Place

I attach a copy of a certificate issued by the authority (e.g. Muslim Judicial Council).

Signed at

Deponent **Date** - -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

Commissioner of Oaths	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>										

Title First name

Surname

Address

Postal code

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at		<input type="text"/>													
Commissioner of Oaths		<input type="text"/>						Date		D D - M M - Y Y Y Y					
Title	<input type="text"/>	First name	<input type="text"/>												
Surname	<input type="text"/>														
Address	<input type="text"/>														
	<input type="text"/>										Postal code	<input type="text"/>			

Affidavit - Where child/ren surname differs
(To be completed by the parent not claiming)

I, the undersigned

Title First name

Surname

RSA ID Yes No ID / Passport no

Passport country of origin

do hereby make oath and state as follows:

I am an adult male/female, residing at

Residential address

Postal code

My contact details are:

Cellphone no Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

I confirm the following:

The deceased

Full Name

RSA ID Yes No ID / Passport no

Passport country of origin

born on - - was my biological child or my spouse's child.

The deceased's surname was different from the members' due to the following reasons:

I attach proof of the following showing that he/she was my child: (select whichever is applicable):

- Medical aid certificate
- School fees receipts/statements;
- Beneficiary nomination form of any policy or product;
- Any other form of proof.

Signed at

Deponent **Date** - -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

Commissioner of Oaths

Date

D	D	-	M	M	-	Y	Y	Y	Y
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Title

 First name

Surname

Address

 Postal code