



DEATH BENEFIT CLAIM FORM

SECTION 1: DETAILS OF THE DECEASED:

Please complete the relevant details pertaining to the deceased

(PLEASE TICK APPROPRIATE BOX)

Title	Mr.	Mrs.	Ms.	Specify other.									
Surname													
Name(s)													
Identity Number													
Date of Birth						Y	Y	Y	Y	M	M	D	D
Date of Death						Y	Y	Y	Y	M	M	D	D
Name of Employing Municipality													
Fund Name													
Member / Pension Number													
Tax Number													
Residential Address at Date of Death													
	Postal code												
Deceased's Marital Status	Single		Married		Divorced			Other					
Type of Marriage of the Deceased	Civil		Customary			Common Law							

SECTION 2: SPOUSE'S or CLAIMANTS PARTICULARS.

Please provide details of the Spouse (for spouses if relevant)

	SPOUSE 1	SPOUSE 2	CLAIMANT
Name & Surname			
ID Number			
Type of Marriage			
Postal Address			

SECTION 4: PARTICULARS OF THE MINOR CHILDREN

List all children of the deceased (include children from previous marriages plus legally adopted and illegitimate children and details of unborn children), who were financially dependent on the deceased at the date of death.

Name and Surname																					
Age																					
Identity Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Relationship of the child to the deceased																					
Guardian's Name and Surname																					
Dependency-Total / Partial on the deceased																					
Relationship of the child to the Guardian																					

Name and Surname																					
Age																					
Identity Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
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Guardian's Name and Surname																					
Dependency-Total / Partial on the deceased																					
Relationship of the child to the Guardian																					

I am aware that false information or documentation supplied by me may nullify this application for this benefit and I may be liable for prosecution. I know and understand the contents of this Affidavit. I have no objection in taking the prescribed oath. I consider the prescribed oath to be binding on my own conscience.

SIGNATURE OR MARK OF SPOUSE/ DEPENDANT/ GUARDIAN OF DEPENDANT

SWORN BEFORE ME THIS _____ OF _____ IN _____
DAY MONTH YEAR

THE DEPONENT/S HAVING ACKNOWLEDGED THAT HE/SHE/THEY KNOW/S AND UNDERSTAND/S THE CONTENTS OF THIS AFFIDAVIT

COMMISSIONER OF OATHS _____

AFFIDAVIT 1 - PAGE 1

THIS FORM MUST BE COMPLETED BY SPOUSE /MAJOR CHILD/DEPENDANT/GUARDIAN

Mark the appropriate box with an X

AFFIDAVIT

I, _____ Identity Number _____, a
male / female presently residing at _____ in the district of _____ do
hereby make an oath and say:

1. (a)

I am the surviving spouse major child dependant guardian of the minor child(ren) of the late

Identity Number _____

who died at _____ on the _____ day of _____ 20__ previously /
whilst employed by the Municipality of _____.

2. (a)

I did /did not reside in the deceased's home while s/he was still alive and I was partially / totally
/not dependent upon the deceased for support and maintenance. The support and maintenance which I received from the
deceased was as follows:

_____.

2. (b)

I concluded a union with the deceased on _____ (date) in terms of _____
(Civil, Customary, Common-Law etc.) rites or we cohabitated as if married from _____

to _____ at the following address:

3.

I was / was not employed at the date of the deceased's death and my total monthly income is R_____ received from
_____(Company name). *Please attach a Salary Advice Slip to this Affidavit.

4.

I am / am not married and my spouse earns R_____ per month.

AFFIDAVIT 1 – PAGE 2

5.

I _____ (Full Names) am the guardian of the following dependants of the deceased who live with me in my family home and they have lived with me since _____ (date)

	NAME OF DEPENDANTS	DATE OF BIRTH		NAME OF DEPENDANTS	DATE OF BIRTH
1.			5.		
2.			6.		
3.			7.		

NOMINATION OF TRUST

(Indicate by placing an X in the appropriate box)

Yes, I wish the Fund to establish a Trust for each of the abovementioned minor dependants and to place any lump sum benefits in respect of the minor dependants in my charge into the respective Trust for their benefit

OR

YES

No, I do not wish the Fund to establish a Trust for each of the abovementioned minor dependants and confirm that the lump sum benefits of the minor dependants in my charge be paid to myself.

NO

6.

I provide the following personal particulars for assessment:-

6.1 PERSONAL INFORMATION

Fund name: _____

Guardian's name: _____

Relationship to the deceased: _____

Full names of each minor beneficiary (age 17 years and younger):

	NAME	DATE OF BIRTH		NAME	DATE OF BIRTH
1.			5.		
2.			6.		
3.			7.		

6.2 EMPLOYMENT DETAILS

6.2.1 Educational qualifications

(Indicate by placing an X in the appropriate box).

Matric	<input type="checkbox"/>	Tertiary	<input type="checkbox"/>	University	<input type="checkbox"/>	Other please specify	<input type="checkbox"/>
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6.2.2. Employment Status

(Indicate by placing an X in the appropriate box).

Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>	Other please specify	<input type="checkbox"/>
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6.2.3 Name of Employer _____

6.2.4 Net earnings per week / per month _____

6.2.3 What is your current occupation? _____

6.2.4 How long have you been employed? _____

6.2.5 If unemployed, were you supported by the deceased? _____

6.2.6 Type of support Total, Partial, If other please specify _____

6.3 EXPENDITURE DETAILS

Please provide details regarding your normal regular expenses

6.3.1 What are your total monthly expenses? Please complete the attached budget (Annexure A)

6.3.2 What are the monthly expenses of the beneficiaries? Please complete the attached budget (Annexure B)

6.3.3 Do you have any other income?

YES	NO
-----	----

6.3.4 If yes, please state the type of income: _____

6.3.5 Do you have a bank account?

YES	NO
-----	----

6.3.6 If yes, how long have you had the account? _____

6.3.7. Have you ever had a judgement against you for non-payment of debt? If yes, please provide details

6.3.8. Are you currently under Administration? If yes, provide details.

6.3.9. Do you have any dependants other than the beneficiaries considered in this distribution?

6.3.10. Do you own or rent the property at which you are presently staying? _____

6.3.11 If you own your residence, what is the current value of it and the amount you owe on the bond?

6.3.12. What other debts do you have at present (e.g. amounts owed on car, shop accounts, furniture, personal loans or credit cards)?

6.3.13. Have you ever been convicted of any criminal offence by any court of law or has your employment ever been terminated for misconduct, gross or otherwise? YES/NO
If YES, then please provide details.

6.3.14. Has your estate ever been placed under sequestration, voluntary or otherwise, or have you ever ceded your estate or compromised your creditors or had any judgement of a court of law entered against you resulting, for example, in the issue of a garnishee order against your salary or emoluments or the issue of a warrant or attachment against your movable and/or immovable property? YES/NO

If YES, then please provide details.....

I hereby authorise and consent to the Natal Joint Municipal Pension/Provident Fund and/or its attorneys to utilise any of the above information for the purpose of carrying out credit rating enquiries on myself.

AFFIDAVIT 1 – PAGE 4

GUARDIAN'S PERSONAL EXPENDITURE

Estimated	Weekly	Monthly
Groceries		
Telephone / cell phone		
Electricity/Water		
Clothing		
Medical / Medical aid		
Bond / rent		
Transport		
Education		
Insurance		
Entertainment		
Sport		
Holidays		
Alcohol / tobacco		
Hire purchase		
Loan / leases		
Other		
TOTAL		

BENEFICIARIES' PERSONAL EXPENDITURE

Estimated	Weekly	Monthly
Telephone / cell phone		
Clothing		
Medical / Medical aid		
Transport		
Education/ School Fees		
Insurance		
Entertainment		
Sport		
Holidays		
Other (Specify)		
TOTAL		

I am aware that the false information or documentation supplied by me may nullify this application for this benefit and I shall be liable for prosecution.
I know and understand the contents of this Affidavit. I have no objection in taking the prescribed oath. I consider the prescribed oath to be binding on my own conscience.

SIGNATURE OR MARK OF SPOUSE/ DEPENDANT/ GUARDIAN OF DEPENDANT

SWORN BEFORE ME THIS _____ DAY OF _____ IN THE YEAR OF _____ THE DEPONENT/S

HAVING ACKNOWLEDGED THAT HE/SHE/THEY KNOW/S AND UNDERSTAND/S THE CONTENTS OF THIS AFFIDAVIT

COMMISSIONER OF OATHS

AFFIDAVIT 2 – PAGE 1
FOR COMPLETION BY A THIRD PARTY ON BEHALF OF CLAIMANT

i.e.

Member of deceased's family (parent or sibling), Induna, Chief or Councilor

I, _____ Identity Number _____ Male/ Female
presently residing at _____ the
_____ relationship to the deceased do hereby make oath and say:

1

I know _____ (claimant's name) who is the
_____ (relationship) of the late _____ Identity Number
_____ who died at _____ on _____
previously / whilst employed by the Municipality of _____

2

The deceased was married to _____ identity number _____ on
_____ (date) in terms of _____ (Civil, Customary, Common Law etc.)
rites and cohabitated as if married from _____ to _____

3

_____ (name of claimant) was / was not employed at the
date of the deceased's death and his/her total monthly income is R _____ received from
_____ (indicate source of income).

4

_____ (name of claimant) is the guardian of the following dependants who reside
with him / her:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

I am aware that any false information or documentation supplied by me may nullify this application for benefits and I shall be liable for prosecution.

I know and understand the contents of this Affidavit. I have no objection in taking the prescribed oath. I consider the prescribed oath to be binding on my own conscience.

SIGNATURE OR MARK OF SPOUSE/ DEPENDANT/ GUARDIAN OF DEPENDANT

***SWORN BEFORE ME THIS _____ DAY OF _____ IN THE YEAR OF _____ THE DEPONENT/S
HAVING ACKNOWLEDGED THAT HE/SHE/THEY KNOW/S AND UNDERSTAND/S THE CONTENTS OF THIS
AFFIDAVIT.***

COMMISSIONER OF OATHS
(Please affix official stamp)