

Funeral Aid Insurance: Application for benefit

Name of scheme Natal Joint Municipal Pension & KwaZulu-Natal Joint Municipal Provident Funds Code _____

Important:

This form must be completed when:

- the insured's cover commences in terms of the policy; or,
- there is a change in the information of the insured's family members, as indicated in Section B.

In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

A Particulars of insured (To be completed by the Member)

Full names and surname _____
 Identity number
 Date of birth ____ / ____ / ____ (dd/mm/ccyy) Gender: Male Female
 Marital status Single Married Divorced Co-habiting Widowed

B Application for funeral aid benefits

I hereby apply for the funeral aid benefits, in terms of the policy, to be applicable to my family members as indicated below:
 *If a person is in a co-habiting relationship, the partner can only be nominated if neither one of the couple living together is married.

Relationship	First names and surname	Identity number	Gender *	
			Male	Female
1 *Spouse				
2 Children				

C Declaration by the insured

I declare that when I claim a benefit for a family member, I will prove my relationship to such a person.

Signature of insured _____ Date ____ / ____ / ____
 Signature of witness _____ Date ____ / ____ / ____