



_____ Code ____

FUNERAL AID INSURANCE: APPLICATION FOR BENEFIT

Natal Joint Municipal Pension & KwaZulu-Natal Joint Municipal Provident Funds

This	ortant: i form must be complete insured's cover there is a change in the deat	commend the infor	es in tern mation of	the insure	ed's fam	ily men							accom	pany	the o	deat	h cla	im do	cuments.	
Α	Particulars of in	sured (T	o be co	mpleted	by the	Meml	ber)													
Full	names and surnam	e																		
Iden	tity number																			
Date	e of birth/	/_	(dd/	mm/ccyy))	Gende	er: Male			Fem	ale									
Mar	Marital status Single Married Divorced Co								o-habiting				Widowed							
В	Application for	uneral a	id bene	fits																
	reby apply for the fu person is in a co-h																	arried	1	
	Relationship First names and surname											Ide	ntity number							nder*
	*0													1					Male	Female
1	*Spouce																			
2	Children																			
									\vdash											
-																				
I de	Declaration by to clare that when I clare	im a bene	efit for a fa										_ Dat						_/	
SEBO	104E (Natal Joint)					01	w- :	A1		0			_							

Your Anchor in Uncertain Storms