



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## DEATH BENEFIT CLAIM FORM 3

### ABOUT ANY CHILDREN

Please attached certified copies of the following:

- A copy of the child's ID and Birth Certificate
- If applicable: Proof of schooling / student status
- If applicable: Proof of any income or financial support of child
- If applicable: Proof of any disability likely to affect the child's ability

For reference purpose:

Name and Surname of the Deceased (as per the ID Book):	
ID Number of Passport Number of the Deceased:	

### A : DETAILS ABOUT THE CHILD

Title:	
Full Name and Surname:	
ID Number:	
Date of Birth:	
Telephone Number:	
Email Address:	
Postal Address:	
Residential Address:	

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Who is currently looking after the child?

Guardian's Name and Surname:	
Guardian's ID Number:	
Relationship to the child:	

Please tick the appropriate box (ex) about the child

Employed	Learner (at school)	Pre-School	Unemployed	Student (at University, College, FET or Similar)	With a disability
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If disabled: Please provide proof of disability (e.g. a letter from a doctor or similar)	YES	NO
Do you think the child will be able to work (due to disability)?		
Is the disabled child receiving a social grant?		

If the Child is employed?

What is the Child's occupation?	
What is the highest grade passed?	
Details about the child's education and qualifications	

What is the child's total monthly income?		What are the child's total monthly expenses?	
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## B : RELATIONSHIP TO THE DECEASED

Biological child of the Deceased	YES / NO	Adopted (Please provide proof of adoption)	YES / NO
Foster child	YES / NO	Stepchild	YES / NO
Outside of marriage	YES / NO	Other (please describe)	YES / NO
Child with disability	YES / NO		

If the Deceased was not the biological or adoptive parent (e.g. a foster child, stepchild, nephew or niece etc.):

Are the biological parents alive?	
Can the biological parents support the child? (Please provide details)	

## C : FINANCIAL SUPPORT FROM THE DECEASED

What Financial Support did the Deceased provide to the child? (Please tick all the options that applied).

Housing	Food and Clothing	Cash	Education	Other
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If money: How much per month?

Since when was the child financially supported by the deceased member?	Date:	D	D	M	M	Y	Y	Y	Y
On what date was the last support received from the deceased member?	Date:	D	D	M	M	Y	Y	Y	Y
Until when do you think the child will need the support?	Date:	D	D	M	M	Y	Y	Y	Y

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## D : SWORN STATEMENT BY THE PERSON WHO FILLED THIS FORM

I,

(Full name and surname)

declare under oath that the information in this form, and in the supporting document that I signed, is true and correct. I indemnify NJMPF against any claim that may arise from any incorrect or false information provided in this form.

Signature		Identity Number	
Telephone Number		Email Address	
Address			
Signed at (place)		Date	

## E : STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Commissioner of Oaths: Full Name and Surname			
Telephone		Designation	
Signature of Commissioner of Oaths		Official Stamp	

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