



NJMPF

KwaZulu-Natal Joint Municipal
Pension/Provident Funds

DEATH BENEFIT CLAIM FORM 4

OTHER FINANCIAL DEPENDENTS

Please attach certified copies of the following:

- A copy of your ID
- If applicable: Proof of your income

For reference purpose:

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

A : PERSONAL DETAILS OF THE DEPENDENT

Title:	
Full Name and Surname:	
ID Number:	
Date of Birth:	
Passport Number (If no ID No.)	
Postal Address:	
Residential Address:	

Your Anchor in Uncertain Storms



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What was your relationship to the Deceased? For example: Parent / Brother / Sister / Boyfriend etc

Are you a Pensioner?	Yes	No
Do you receive an Old Person Grant from the Government?	Yes	No

Do you have any disabilities or other health problems? (Please describe and provide proof, such as a medical certificate)

Are you Single?	YES	NO	Are you Divorced?	YES	NO
Are you Married?	YES	NO	Are you Widowed?	YES	NO
Are you Separated?	YES	NO	Are you a Life Partner?	YES	NO

B : DETAILS OF DEPENDENCY

Please give reasons why you were financially dependent on the Deceased.

How much money did the Deceased support you with?

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How often did you receive money from the Deceased?

How often did the Deceased support you? (E.g. food, paying accounts, etc)

How long did the deceased support you financially?

C : YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	YES / NO	Are you currently employed?	YES / NO
Occupation		Who is your Employer?	
Monthly Salary / Income		How many years have you been working?	

Details about your education and qualifications.

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If you are currently unemployed, please complete the following;

How long have you been unemployed?

Were you previously employed?	YES / NO	If Yes: When were you last employed?	
Does anyone currently help you financially?	YES / NO	If Yes: How much do you receive?	

If you are not being financially assisted: How do you cover your financial needs?

D : YOUR INCOME AND EXPENSES

What is your total monthly income?		What are your total monthly expenses?	
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E : YOUR ASSETS AND LIABILITIES

Description of Asset	Current Value
Description of Liability	Amount Owed

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F : ADDITIONAL INFORMATION

Please provide any other details about your relationship with the Deceased that you think are relevant:

G : 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	

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H : 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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