



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## DEATH BENEFIT CLAIM FORM 5

### DEPENDENTS WHO DO NOT WISH TO CLAIM

Please attached certified copies of the following:

- A certified copy of your ID

For reference purpose:

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

### A : 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.

Identity Number		Telephone Number	
Address		Email Address	

Reason why I do not wish to receive any portion of the benefit:

Signed at (place)		Date signed	
-------------------	--	-------------	--

Signature of the person waiving their right to claim or be paid any benefit	
---	--

*Your Anchor in Uncertain Storms*



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## B: 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	

*Your Anchor in Uncertain Storms*