



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## DEATH BENEFIT CLAIM FORM 2

### DETAILS OF SPOUSE, LIFE PARTNER or GUARDIAN

Please attached certified copies of the following:

- A certified copy of your ID
- A certified copy of your marriage certificate
- Proof of income

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 SPOUSE / LIFE PARTNER / GUARDIAN

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

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## B : YOUR INCOME AND EXPENSES

Please tell us about all monthly income and other financial support at the time of the Deceased's death.  
Please provide a copy of a salary slip/s where available.

MONTHLY INCOME from all sources at the time of the Deceased's Death	My Income	If you were the spouse / life partner Deceased's Income
Total Salary / Wages (Gross salary before tax and other deductions)		
Maintenance (e.g. from a divorced spouse)		
Pension Income		
Investment or Rental Income		
Other (Please provide details):		
<b>Total Income (before tax and deductions)</b>		

Please tell us about all monthly expenses and costs at the time of the Deceased's death

List of all monthly EXPENSES at the time of the Deceased's death	Amount that I Paid	If you were the Spouse or Life Partner Amounts that the Deceased paid
Deductions from salary / wages		
Medical aid		
Other deductions		
Rent / House Repayments		
Groceries		
Education: School or Tuition fees		
Education: Transport, School Uniform, Other Costs		
Transport (Taxi or own car)		
Telephone		
Water and lights		

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Accounts (e.g. furniture or clothing stores; car repayments; garnishees etc)		
Other – please specify		
<b>Total expenses</b>		

If your expenses are more than your income, please tell us how you deal with the shortfall:

Have you ever been declared insolvent (bankrupt) or placed under administration?	YES	NO
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If Yes: Please provide details:

## C : YOUR HOME

Do you own the house you live in? If no, who owns it?

Who lives in you in the home? Please provide details of all people who live with you

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## D : 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

If you are currently unemployed, please complete the following:

How long have you been unemployed?

Were you previously employed?		If Yes: For how long were you unemployed?	
Does anyone currently help you financially?		If Yes: How much do you receive?	

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

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## E : DETAILS ABOUT CHILDREN

Please list all children of the Deceased. Please include biological, adopted, foster or stepchildren: regardless of age.

Children of the Deceased where I am the Parent, Guardian or Caregiver.

Child's full name	Child's date of birth	Child's ID number	Lives with me	I am the legal Guardian	Did the Deceased support the child financially?
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N

Are you aware of any other biological children of the Deceased (born in or out of marriage), OR any other children who depended financially on the Deceased (e.g. grandchild, niece or nephew)?

Y / N

If Yes: Please provide brief details

Child's full name	Child's date of birth	Child's ID Number	Did the Deceased support the child financially?
			Y / N

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### Take Note:

Please fill in a Claim Form 3  
(About any Children) for  
each child of the Deceased  
where you are the Parent,  
Guardian or Caregiver.

If you were the Husband / Wife (Spouse) of the Deceased:	Please complete Section F
If you were the Permanent Life Partner (not married) of the Deceased:	Please complete Section G
If you are the Guardian of one or more of the Deceased's children:	Please complete Section H

### Marriage Types:



- \* **Civil, in community of property:** The marriage is conducted by a marriage officer (which can also be the minister religion), but there is no Ante-Nuptial Contract.
- \* **Civil, with Ante-Nuptial Contract:** The marriage is conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract.
- \* **Civil Union Partnership:** A marriage or partnership is registered in terms of the Civil Union Act.
- \* **Customary Union:** A marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exist in South Africa
- \* **Religious Union:** A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.

## F: HUSBAND / WIFE OF THE DECEASED

Details about your marriage to the deceased

Date of the Marriage:

Nature of your marriage (Please tick the correct type):	Civil, in community of property	Civil, with Ante-Nuptial Contract	Civil Union with Partnership	Customary Union	Religious Union
Which authority married you:	Marriage Officer	Tribal Chief	Religious Leader		

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If a Religious Union: In terms of which religion, were you married?

Were you living together at the date of death?	Y / N	If No: Since when were you living apart? (Date)	
Was the Deceased assisting you financially at the date of death?	Y / N	If Yes: Please provide full details in Section B	

**If you were living apart:** Please tell us about your relationship with the Deceased. Why were you living apart? Were you living apart for work reasons? Was the Deceased involved in any other relationship/s? Where you are not being financially assisted: How do you cover your financial needs?

## G: LIFE PARTNER OF THE DECEASED

We need to determine whether you and the Deceased were in Life Partnership and how much you depended on the Deceased financially. We encourage you to provide as much information as possible to show that you and the Deceased were Life Partners

When did your relationship begin? (Date)		Did you live together?	Y / N
How long were you in a relationship?		For how long did you live together?	
Were you living together at the date of death?	Y / N	In No: Since when were you living apart?	
Was the Deceased assisting you financially at the date of death?	Y / N	(If Yes: Please provide the full details in Section C)	

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Where did you and the Deceased live?

Address:	
How long did you live at this address?	
Who owns the property?	
Their telephone number?	

Did you and the Deceased do any of the following?

1. Enter into any written agreement providing for the material, financial and / or other consequences of your relationship?	Y / N
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- A. If Yes: Please supply us with a copy of the agreement.  
B. If No: Please supply any reasons why this was not done:

2. Have any kind of ceremony to publicly confirm your relationship? If Yes: Please provide full information and all available proof	Y / N
3. Get Engaged?	Y / N
4. If you got Engaged: Did you let any people know about your engagement?	Y / N

- A. If Yes: Who knew about your engagement?
- B. If No: Any reasons why you did not tell people about your engagement?

5. Share expenses such as rent or a home loan? If Yes: Please supply us with the full details in Section C above.	Y / N
6. Jointly own or lease the Property where you lived at the time of death?	Y / N

- A. If Yes: Please provide documents as proof

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7. Choose to be a Dependant on the Deceased's medical aid (or the other way around)? If Yes: Please provide us with a copy of the statement signed by you and the Deceased where you declared your Life Partnership to the medical aid.	Y / N
8. Take out life assurance policies on each other's lives, or are you names as beneficiaries on each other's policies?	Y / N

A. If Yes: Please supply full details and / or documentation

9. Open a Joint Bank Account, or regularly transfer money between your respective bank accounts?	Y / N
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A. If Yes: Please supply full details and / or documentation

10. Did the Deceased leave a will naming you as an heir? If Yes: Please supply us with a copy of the will.	Y / N
11. Were you a nominated beneficiary on the Deceased's pension or provident fund (or vice versa)? If Yes: Please provide documents as proof	Y / N
12. Is there a family member of the Deceased who can confirm you were Permanent Life Partners at the time of death? If Yes: Please give us all contact details:	Y / M

Name and Surname	
Phone Number	
Relationship to the Deceased	

Please obtain a sworn affidavit (a document signed in front of a Commissioner of Oaths) from this family member, where he or she provides details about the following:

- Did both life partners confirm their relationship as Permanent Life Partners?
- How was this confirmed?
- When was this confirmed?

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## H: GUARDIAN DETAILS ABOUT YOUR APPOINTMENT AS GUARDIAN

Please provide any relevant details about your appointment as Guardian of the child / children of the Deceased:

If you were also financially dependent on the Deceased: Please provide any relevant details.

## I : 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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## J : 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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