



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## DEATH BENEFIT CLAIM FORM 1

### DETAILS OF DECEASED

Please attach certified copies of the following:

- Deceased's death certificate
- Deceased's ID

#### FOR REFERENCE PURPOSES

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

### A. PERSONAL DETAILS OF THE DECEASED

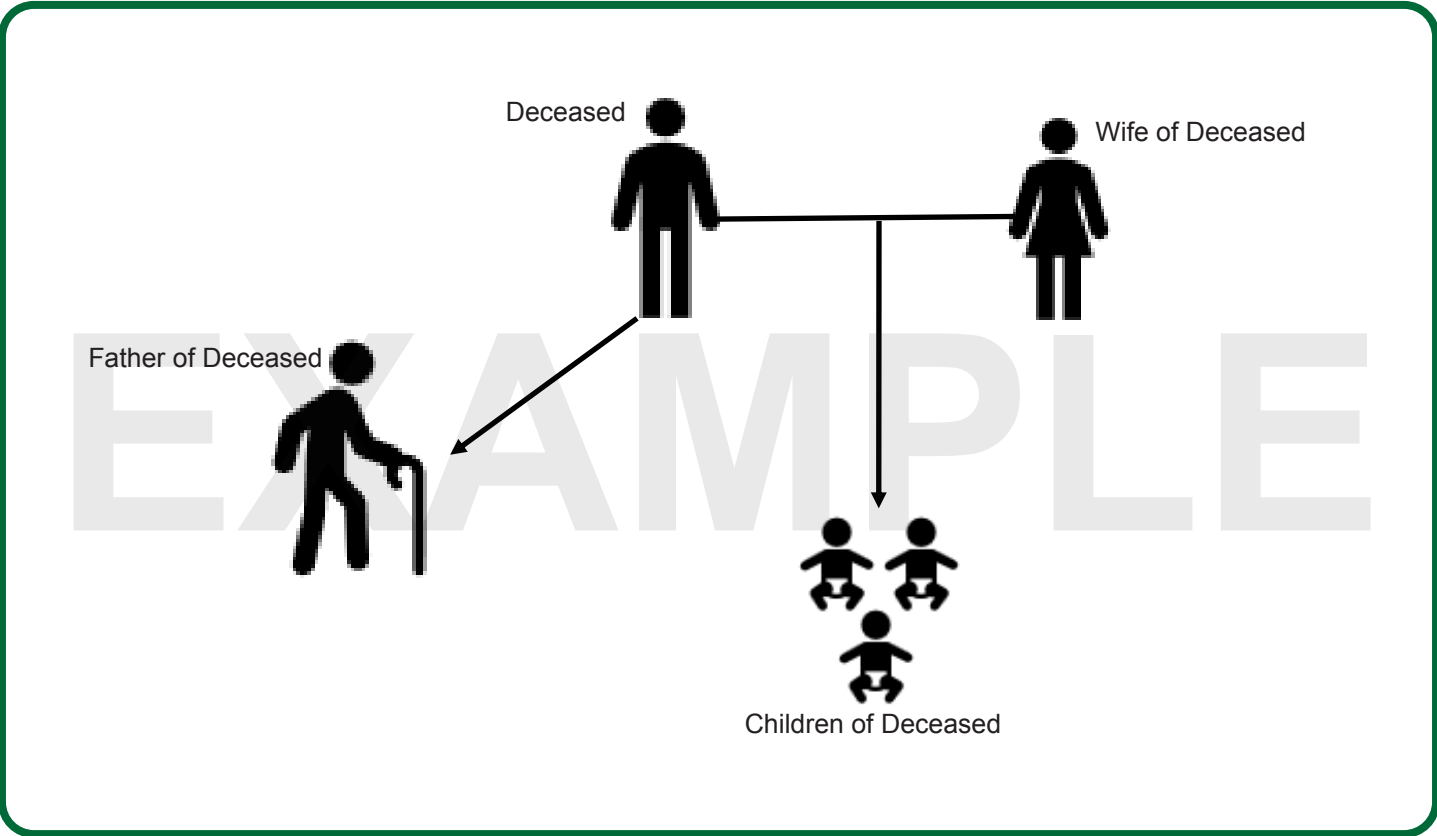
Title	Mr.	Mrs.	Ms.	Specify Other:
Full Name and Surname				
ID Number				
Date of Birth				
Date of Death				
Name of Employing Municipality				
Income Tax Number				
Postal address				
Residential Address				
Cause of death				

### B. MARITAL STATUS OF THE DECEASED

Deceased's Marital Status	Single		Married		Divorced		Other
Type of Marriage of Deceased	Civil		Customary		Life Partner		

*Your Anchor in Uncertain Storms*

C. DRAW A PICTURE OF THE DEDCEASED’S FAMILY



A large, empty rectangular area with a green border, intended for drawing a family tree.

D. SUMMARY OF THE FAMILY WHO DEPENDED ON THE DECEASED

Did the deceased have a Spouse (civil, customary, religious)?	YES	NO
Did the deceased have a life partner?	YES	NO
Did the deceased have children (biological, adopted, stepchildren)?	YES	NO
Are the deceased's parents alive?	YES	NO
Did the deceased have any other dependents (nieces, nephews, grandchildren, etc.)?	YES	NO

E. ADDITIONAL DETAILS

Please provide us with any other details regarding the Deceased or people who may have depended on him/her or for whose maintenance he/she was liable /responsible.

F. DID THE DECEASED HAVE ANY POLICIES/WILL

It is important to tell us if the Deceased had any policies (including medical aid, Group Scheme etc.) and who those potential beneficiaries are:	
Policy	Potential Beneficiaries

**G. SWORN STATEMENT BY THE PERSON WHO COMPLETED THIS FORM**

I, _____ (Full names 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	
Address		Email Address	
Signed at (place)		Date Signed	

**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	