



National Fund for Municipal Workers Disposal of Death Benefits

EMPLOYER DETAILS

Employer

MEMBER DETAILS

| | | | |
|---|------------------------------------|--------------------|----------------------|
| Surname and title: | <input type="text"/> | Member no: | <input type="text"/> |
| First name and initials: | <input type="text"/> | Wage/pay sheet no: | <input type="text"/> |
| Identity number: | <input type="text"/> | Date of birth: | <input type="text"/> |
| Income tax number: | <input type="text"/> | Date of death: | <input type="text"/> |
| Cause of death: | Natural <input type="checkbox"/> | Case no: | <input type="text"/> |
| | Unnatural <input type="checkbox"/> | | |
| Residential address of member for tax purposes: | <input type="text"/> | | |

MARITAL STATUS OF DECEASED AT TIME OF DEATH

| | | | | |
|-----------------|------------------------------------|---|------------------------------|-----------------------------|
| Marital status: | Married <input type="checkbox"/> | Has the deceased made out a will? (Provide a copy if Yes) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Widowed <input type="checkbox"/> | Has the deceased completed a Beneficiary Nomination form? (Provide a copy if Yes) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Divorced <input type="checkbox"/> | | | |
| | Separated <input type="checkbox"/> | | | |
| | Single <input type="checkbox"/> | | | |

SPOUSE INFORMATION

Number of spouses:

SPOUSE 1

Full names

| | | | |
|--------------------------------|------------------------------------|-------------------|----------------------|
| Contractual basis of marriage: | Customary <input type="checkbox"/> | ID number: | <input type="text"/> |
| | Civil <input type="checkbox"/> | Date of marriage: | <input type="text"/> |
| Mobile number: | <input type="text"/> | Landline number: | <input type="text"/> |
| Address: | <input type="text"/> | | |
| | <input type="text"/> | | |

Was deceased and spouse living together at date of death? Yes No



If No, to what extent was the deceased supporting the spouse?

Is the spouse employed? If Yes, what is the monthly income? R

Are there any divorce orders pending or served against the member?

If Yes, please provide a copy of the divorce order.

Additional remarks:

SPOUSE 2

Full names

Contractual basis of marriage: Customary ID number:

Civil Date of marriage:

Mobile number: Landline number:

Address:

Was deceased and spouse living together at date of death?

If No, to what extent was the deceased supporting the spouse?

Is the spouse employed? If Yes, what is the monthly income? R

Are there any divorce orders pending or served against the member?

If Yes, please provide a copy of the divorce order.

Additional remarks:



SPOUSE 3

Full Names

Contractual basis of marriage: Customary

ID number:

Civil

Date of marriage:

Mobile number:

Landline number:

Address:

Was deceased and spouse living together at date of death?

If No, to what extent was the deceased supporting the spouse?

Is the spouse employed?

If Yes, what is the monthly income?

R

Are there any divorce orders pending or served against the member?

If Yes, please provide a copy of the divorce order.

Additional remarks:

If **Single** or **Widowed**, complete the following section:

Life partner

Was the deceased living with anyone as husband and wife?

If Yes, state full name of partner (below) and provide [Application for Registration of Life Partner](#) form (A012) and/or affidavit from someone other than the partner confirming the relationship.

Full name and surname

Since when were they living together?

Identity number:

Address:

Contact details:

Did the deceased support the above person?

If Yes, to what extent?



Does the above person have regular employment? Yes No

If yes, what is his/her monthly income? R

Additional remarks:

Details of Other Financial Dependents (Refer to [Nomination of Beneficiaries for Death Benefit](#) form (A017)).
(Excluding minor children – See Page 5)

| Surname and initials | Date of birth | | | | | | | | Address | Relationship to deceased | Extent of dependency on deceased |
|----------------------|---------------|---|---|---|---|---|---|---|---------|--------------------------|----------------------------------|
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |
| | D | D | M | M | Y | Y | Y | Y | | | |

Additional remarks:

Note: Should the NFMW be aware of beneficiaries specified earlier by the deceased member, they should inform the Employer of such beneficiaries, to allow them to broaden their investigation to include such potential beneficiaries.



| DECEASED'S ESTATE DETAILS | |
|---|--|
| Last address of deceased | |
| | |
| | |
| | |
| Master's office to which the estate was reported | |
| Master's estate number | |
| Name and address of Executor | |
| | |
| | |
| | |
| Telephone number for executor | |
| Please attach the following documents: | |
| <ul style="list-style-type: none">• Letter of authority <input type="checkbox"/>• Estate bank account <input type="checkbox"/> | |



Recommendation by the officer conducting the interview with the beneficiaries

(Including spouses, life partners, children, financial dependants and nominated beneficiaries)

Please note that this recommendation is not binding on the Fund and only serves as a guideline to assist the Board of Trustees

Allocation of benefit

| Initials and Surname | Relationship to deceased | Share of benefit |
|----------------------|--------------------------|------------------|
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |

Reasons for recommendation

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Declaration

I declare that:

- The information contained herein is correct according to my knowledge and records.
- I indemnify the National Fund for Municipal Workers against any action and or liability that may arise as a result of any error or incorrect information supplied herein.

Signature:

Capacity:

Date:

Official stamp



SUPPORTING DOCUMENTATION

The following supporting documentation must be submitted in the form of ***Certified Copies or Affidavits***

- Death certificate**
- Member's ID**
- Marriage certificate/ lobola letter** (Certified with official stamp) / ***Application for Registration of Life Partner*** form (A012)
- Tax reference** Number of Deceased Member
- ID's and/or birth certificates** for ALL beneficiaries and dependants
- Bank statement** reflecting a bank stamp, initials, surname, & account number (*not older than 3 months*)
- Latest ***Nomination of Beneficiaries for Death Benefit*** form (A017) duly signed by the deceased member (if available)
- Maintenance and/or divorce order** (if applicable)
- Certificate of Appointment or affidavit i.e. **guardianship**
- Proof of **residential address** (*for all beneficiaries*)
- Proof from **educational institute** (major beneficiaries)
- Proof of **income** (if employed)
- Sworn **affidavits** by **people interviewed** during investigation (at least two)
- Sworn **affidavits** by **beneficiaries** to prove dependency
- Application for Death Benefit*** form (A010)
- Other** comments by investigating agents



AFFIDAVIT REGARDING DEPENDENCY

To be completed by each dependant and beneficiary

| | |
|---------------------------|---------------|
| Name of the declarer: | |
| Relationship to deceased: | Telephone no: |
| Address: | |
| Signature: | |

NAME OF DECEASED:

IDENTITY NUMBER:

1. Are you employed/pensioner? Provide details and proof of income.

2. Are you studying? Provide details of school/institute.

3. Where or with whom are you staying presently? Provide details.

4. To what extent were you dependent on the deceased?

5. Do you have a maintenance order against the deceased? Please provide copy.

COMMISSIONER OF OATHS

I certify that the above is the signature of and that he/she has acknowledged to me that he/she knows and understands the contents of this affidavit which was signed before me in my office at on this day of 20

Official Stamp

Signature: Commissioner of Oaths



AFFIDAVIT in respect of GUARDIANSHIP

I, the undersigned

Full names and surname: _____

Address: _____

Contact number: _____

Identity number: _____

hereby confirm under oath as follows:

1. I am/a married / unmarried / divorced person; and

2. I am the legal guardian of (full names and surname) _____

Identity Number: _____

3. My status as legal guardian of the abovementioned minor is based on the fact that I am the natural father/
natural mother/ person appointed as such by the court /family. **(Proof required)**

Dated at on this day of

Signature: Guardian

COMMISSIONER OF OATHS

I certify that the above is the signature of and that
he/she has acknowledged to me that he/she knows and understands the contents of this affidavit which was
signed before me in my office at on this day of

Official Stamp

Signature: Commissioner of Oaths

Full names and surname: _____

Business address: _____

Business telephone no.: _____

Designation (Rank): _____