



## National Fund for Municipal Workers Family Cover Disbursement

### MEMBER INFORMATION

Local authority						
Name and surname						
Membership number/s	C A T E G O R Y C					C A T E G O R Y A
ID number <small>ATTACH COPY OF ID DOCUMENT</small>						
Income tax number						
Date joining the NFMW	D	D	M	M	Y	Y

### DECEASED'S INFORMATION ATTACH COPY OF DEATH CERTIFICATE

Name and surname						
ID number <small>ATTACH COPY OF ID DOCUMENT</small>						
Date of birth <small>ATTACH COPY OF BIRTH CERTIFICATE IF NO ID No.</small>	D	D	M	M	Y	Y
Date of death	D	D	M	M	Y	Y
Relation to member						

### PERSON RESPONSIBLE FOR FUNERAL ARRANGEMENTS (Applicant)

Name and surname						
Relation to deceased						
ID number <small>ATTACH COPY OF ID DOCUMENT</small>						
Mobile number						
Landline number						

### BANKING DETAILS PROVIDE PROOF OF BANKING DETAILS

Bank name		Branch name	
Account no.		Branch code	
Account holder name and surname			

Please ensure that CERTIFIED copies of the following documents are attached:			
1.	ID - Member		2. ID - Deceased
3.	ID - Person responsible for funeral		4. Birth Certificate – Deceased (If no ID document issued)
5.	Proof of Marriage (Certificate or Lobola Letter)		6. Proof of Parenthood
7.	Proof of Banking Details		8. Proof of Residential Address of Applicant
9.	Proof of member's most recent pension fund contributions		10. Death Certificate
11.	Notice of death/stillbirth – form DHA-1663		12. Funeral parlour quotation (If claim not submitted by the surviving spouse, in the event of the death of the member; or a family dispute)

**Notes:**

- (i) It is a restriction enforced by the Fund's insurer that employers are prohibited from certifying documents as copies of originals; or from fulfilling commissioner of oath duties in the making of affidavits.
- (ii) If marriage status is 'Divorced', no benefit is payable in case of the death of an ex-spouse.
- (iii) In the case of a 'Stillborn', please also complete form A006.

Signature: Applicant

D	D	M	M	Y	Y	Y	Y
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Signature: Employer / Commissioner of Oaths

D	D	M	M	Y	Y	Y	Y
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Official STAMP  
Employer /  
Commissioner of Oaths

**National Fund for Municipal Workers CONTACT DETAILS**

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