



National Fund for Municipal Workers  
Funeral Cover Claim Form

SEND COMPLETED FORM TO E-MAIL: [exits@nationalfund.co.za](mailto:exits@nationalfund.co.za)

The Fund will not be liable for any delays as a result of forms sent to an e-mail address other than the above.

**MEMBER INFORMATION**

Name of Municipality	<input type="text"/>
Name and surname	<input type="text"/>
Membership number/s	<input type="text" value="C A T E G O R Y C"/> <input type="text" value="C A T E G O R Y A"/>
ID number ATTACH COPY OF ID DOCUMENT	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Date joining the NFMW	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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

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

**PERSON RESPONSIBLE FOR FUNERAL ARRANGEMENTS (Claimant)**

Name and surname	<input type="text"/>
Relation to deceased	<input type="text"/>
ID number ATTACH COPY OF ID DOCUMENT	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Mobile number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Alternative contact number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
E-mail address	<input type="text"/>

**BANKING DETAILS** PROVIDE PROOF OF BANKING DETAILS

Account holder name and surname	<input type="text"/>		
Bank name	<input type="text"/>	Account no.	<input type="text"/>
Do you require repatriation?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	

**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.

**Please ensure that CERTIFIED copies of the following documents are attached:**

### DEATH OF A MEMBER

1. ID – Member
2. ID – Applicant (person responsible for burial)
3. Death certificate
4. Notice of death/stillbirth – form DHA-1663
5. Applicant's banking details
6. Copy of burial order (if requested)
7. Marriage certificate / Lobola letter/Registration of Life Partner\*
8. If the claim is not submitted by the surviving spouse OR in the event of a family dispute, the following documents are also required:
  - a. Affidavit from applicant confirming relationship with the deceased and responsibility for the burial cost
  - b. ID and Affidavit from a family member supporting the applicant's affidavit.
  - c. Funeral parlor quotation

*\*A life partner can only be considered if registered by the member in the prescribed format (form A012) and registered with the Fund before the death of the member.*

### DEATH OF A QUALIFYING BENEFICIARY

1. ID – Member
2. ID or birth certificate of the deceased
3. Death certificate
4. Notice of death/stillbirth – form DHA-1663
5. Applicant's banking details
6. Copy of burial order (if requested)
7. Proof of relationship to the deceased (e.g. marriage certificate / Lobola letter/Registration of Life Partner\*)
8. If the deceased is a still born child, please also complete form A006.
9. If the deceased is a child older than 21 years of age, the following documents are also required:
  - a. Proof of schooling/disability
  - b. If the child is disabled, proof of when the permanent disability commenced.

*\*A life partner can only be considered if registered by the member in the prescribed format (form A012) and registered with the Fund before the death of the life partner.*

### ADDITIONAL CONFIRMATION REQUIRED FROM THE EMPLOYER (to accompany the claim documents)

E-mail confirmation that:

1. the member is still employed at the date of the death event AND
2. that the contributions payable will be paid with the next contribution cycle (if the death occurred prior to the contributions due date).

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

P.O. Box 15515, Sinoville, 0129. Section 1, Business Park @ Zambezi, 860 Milkplum street, Montana, Pretoria, South Africa

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