



National Fund for Municipal Workers Death Benefit Application

SEND COMPLETED FORM TO E-MAIL: exits@nationalfund.co.za

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

SECTION A

APPLICANT INFORMATION

Surname	<input type="text"/>
Full Names	<input type="text"/>
Relationship to Deceased Member	<input type="text"/>
ID Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Number (Next of Kin)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e-Mail address	<input type="text"/>
Home Postal Address	<input type="text"/>
	<input type="text"/>
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Physical Address	<input type="text"/>
	<input type="text"/>
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION B

DECEASED MEMBER DETAILS

Surname	<input type="text"/>
Full Names	<input type="text"/>
ID Number	<input type="text"/>
Date of Death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Income Tax Number (mandatory)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer name	<input type="text"/>

Applicant Initials

Employer /
Commissioner of
Oaths Initials



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SECTION C

BENEFIT ELECTION

Please note:

- The death benefits payable by the NFMW is regulated by Section 37C of the Pension Funds Act. This includes the insured group life benefit which is a benefit provided for and payable in terms of the rules of the NFMW.
- Section 37C of the Pension Funds Act prescribes how the death benefit (lumpsum) of a late member of a pension fund must be distributed by the relevant fund.

DISCLAIMER BY APPLICANT

By signing and submitting this NFMW A010 Application for Death Benefit Claim form, I confirm that:

- I understand that the Trustees will consider my application for a death benefit in accordance with the stipulations of Section 37C of the Pension Funds Act.
- I am aware of the following payment options available to me when it comes to the payment of the death benefit portion allocated to me by the Trustees in accordance with Section 37C of the Pension Funds Act: The benefit may be paid out in (i) cash, (ii) utilised to purchase a living annuity or (iii) a life annuity.
- I have consulted with an accredited financial advisor and am aware of the tax implications when electing to receive the full portion of the death benefit allocated to me in cash.
- I herewith elect to receive the full amount of the death benefit portion allocated to me in cash.

SECTION D

BENEFIT IN CASH

To be completed by APPLICANT

Bank account details

Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>
Account holder name and surname	<input type="text"/>		

Notes:

1. Please attach applicant's bank statement with official bank stamp not older than 3 months.

Signature Applicant

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature Employer /
Commissioner of Oaths

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Official Stamp of Employer /
Commissioner of Oaths



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Documents required:

1. NFMW A010 Death Benefit Application form - duly completed and signed by the applicant as well as the employer or Commissioner of Oaths;
(NB: Kindly ensure that the current version of the NFMW A010 form is used as outdated versions may not be accepted for payment purposes. Please visit the NFMW's official website www.nationalfund.co.za to download the current version of NFMW A010 Death Benefit Application form);
2. Please note: The tax number field on the NFMW A010 form is mandatory for payment purposes as we will not be able to apply for a tax directive without the member's valid tax number;
3. NFMW A021 Disposal of Death Benefits form – duly completed and signed by the applicant/s as well as the employer or Commissioner of Oaths;
4. Certified copy of the deceased member's death certificate (if the cause of death is unnatural, the case number must also be indicated);
5. Certified copy of the member's ID document;
6. Certified copy of the applicant's ID document;
7. Certified copies of the unabridged birth certificates of all minor children;
8. Certified copy of marriage certificate (if applicable) OR
9. Proof of Customary Marriage(s) i.e.
 - Lobola agreement letter AND Certificate issued by the Tribal Authority Community Chief OR
 - Affidavit from delegations of both parties (deceased and spouse) involved in the lobola negotiations OR
 - Application for Registration of a Life Partner form (NFMW-A012a) and Affidavit by Life Partner form (NFMW-A012b) – if applicable;
10. Certified copy of divorce order & settlement agreement – if applicable;
11. Bank statement reflecting the applicant's name, branch code, account number and residential address;
12. Corroborating evidence serving as proof of financial dependency:
 - a) An affidavit from applicant confirming the factual dependency on the deceased at the time of his/her death (duration, amount, frequency, extent and nature of factual dependency is explained) PLUS
 - b) At least one other affidavit from a family member of the deceased who can corroborate the applicant's dependency on the deceased;
 - c) In case of a minor biological child of the deceased not living in the household as at date of death:
 - i. An affidavit of confirmation of the paternity of the child PLUS
 - ii. An affidavit of confirmation of guardianship
 - d) If the applicant was legally adopted by the deceased, a copy of the Adoption Order;
 - e) All major beneficiaries must also submit:
 - i. 3 Months' bank statement reflecting a bank stamp, initials, surname, & account number (not older than 3 months);



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Documents required (continued)

- ii. Affidavit if unemployed;
- iii. Copy of proof of registration/studies from an educational institution (major children);
- iv. If no biological/adopted children an affidavit from a non-beneficiary confirming that the deceased had no biological children/spouse/further dependents;
- v. Proof of residential address (for all beneficiaries);
- vi. Death Benefit Renunciation form (NFMW-A018) (if applicable - to be completed by qualifying beneficiaries who wish to renounce their potential claim in respect of the death benefit).

The payment process can only commence after:

- Completion of the Section 37C investigation as prescribed in terms of the Pension Funds Act (a retirement fund has a period of 12 to trace and identify the dependents of the late member);
- The conclusion of the disbursement of the death benefit in accordance with Section 37C of the Pension Funds Act;
- Receipt of a valid payment instruction from the qualifying dependent;
- Receipt of the pre-liminary ROT from the receiving fund (if applicable).

The payment process consists of a number of steps including but not limited to:

- Verification that the payment instruction received complies with the payment options available as stipulated in terms of the Fund Rules;
- Scrutinizing of the supporting claim documents to ensure that it meets the minimum requirements for payment purposes. If the payment instruction and supporting documents do not meet the minimum requirements, the qualifying dependent will be contacted to request the outstanding information / supporting documents. Payment will be placed on hold until receipt of the outstanding information / supporting documents;
- The qualifying dependent may be contacted by the Fund Counsellor to ensure that he/she understands the payment options available as well as the tax implications of his/her payment instruction;
- Should the qualifying dependent elect to invest any portion of the death benefit amount allocated to him/her by the Trustees in accordance with Section 37C, a duly completed NFMW A005 Death Benefit Investment Instruction form will also be required;
- Written feedback was received from the home loan credit providers serving as confirmation of any pension backed home loan balances to be settled by the Fund during the exit process;
- Application for the tax directive from SARS;
- Receipt of the tax directive from SARS;
- The bank account details provided by the qualifying dependent passed the bank verification process.

The average turn-around time for the processing of a death benefit payment after completion of the Section 37C investigation and disbursement of the death benefit is 4 – 6 weeks, provided that all minimum requirements have been complied with.