



National Fund for Municipal Workers Disposal of Death Benefits

EMPLOYER DETAILS

Employer

In the event of a Deferred Member, indicate 'Deferred Member'

MEMBER DETAILS

Surname and title:

Member no:

First name and initials:

Wage/pay sheet no:

Identity number:

Date of birth:

Income tax number:

Date of death:

Cause of death:

Natural

Case no:

Unnatural

Residential address of
member for tax purposes:

MARITAL STATUS OF DECEASED AT TIME OF DEATH

Marital status:

Married

Has the deceased made out a will?

No

Widowed

Has the deceased completed a
Beneficiary Nomination form?

No

Divorced

(Provide a copy if Yes)

Separated

Single

SPOUSE INFORMATION

Number of spouses:

SPOUSE 1

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 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?

Yes

No

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

Is the spouse employed?

Yes

No

If Yes, what is the monthly income?

R

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

Yes

No

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?

Yes

No

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?

Yes

No

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 Dependants (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			
	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.

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
Tel: (012) 743 3000 • Fax: 086 668 0750 • www.nationalfund.co.za



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:

- Letter of authority
- Estate bank account



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		

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): _____