



National Fund for Municipal Workers

Registration of Qualifying Dependents for Funeral Benefit

Please note that the registration of a dependant on this form does not automatically guarantee payment in the event of a claim. Fund officials are obliged to perform predetermined verification and assessment controls to ensure that dependants do qualify for benefits. This is to protect the interests of all members.

SEND COMPLETED FORM TO E-MAIL: A016@nationalfund.co.za

All forms received via the above e-mail address specifically, will be acknowledged by e-mail, including an attached copy of the form received. This will allow the member the opportunity to verify that the information received by the NFMW is indeed what has been submitted.

MEMBER INFORMATION	
Membership number	<input type="text"/>
Initials and surname	<input type="text"/>
ID number ATTACH COPY OF ID DOCUMENT	<input type="text"/>
Telephone number – Mobile	<input type="text"/>
Telephone number – Work	<input type="text"/>
Employer (MUNICIPALITY)	<input type="text"/>
Employee number (PAYSリップ NUMBER)	<input type="text"/>

I,

born on hereby revoke all my previous nominations and declare that the following person/s is/are my qualifying spouse or life partner, and child/ren:

QUALIFYING CHILD means a MEMBER'S child or his / her QUALIFYING SPOUSE'S child, which includes a legally adopted child, a stepchild, a foster-child or a posthumous child, provided that he / she –

- (a) Is unmarried and under the age of 21 years; or
- (b) Is unmarried, under the age of 26 years and a full-time student at an educational institution of a public nature; or
- (c) Is incapacitated, by a physical or mental infirmity, from maintaining himself / herself as certified by a District Surgeon.

QUALIFYING SPOUSE means the person with whom the MEMBER is joined in MARRIAGE. If an INSURED is joined in MARRIAGE to two or more persons, QUALIFYING SPOUSE means only the one of them whom the MEMBER nominated in writing to the FUND during the person's life. No benefits are payable in terms of the Life and Funeral Aid Insurance Policy should the qualifying spouse have reached the age of 75 years on QUALIFYING date, e.g. date of the main member joining the fund or the date of marriage should such date be after the date of the main member joining the fund. The same age limitation is applicable to an **EXTENDED FAMILY MEMBER**, i.e. an additional spouse to whom the main member is married.

In the event of a MEMBER not joint in MARRIAGE, only **ONE LIFE PARTNER** will be entitled to benefits and he/she must be registered with the Fund (Form A012) before the date of death. FOR MORE CLARITY ON DEFINITIONS, PLEASE SEE THE POLICY DOCUMENT, which is available from the Fund's website.

	FULL NAME	RELATIONSHIP	DATE OF BIRTH
1	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
4	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
5	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
6	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
7	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
8	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
9	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
10	<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>

Signed at _____ on this _____ day of _____ 20____

Signature: Member