

FundsAtWork

Claim form for funeral cover

Member number

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Please attach the following documents:

- Certified copy of the death certificate.
- Certified copy of the deceased's identity document/birth certificate.
- Copy of BI 1663 (obtainable from the doctor who certified the death).
- Certified copy of the claimant's identity document/birth certificate.
- If the deceased child does not bear the same surname as the member, proof in the form of an affidavit of the relationship.
- If the deceased is a spouse, a certified copy of the marriage certificate.
- If a marriage certificate is not available, proof in the form of an affidavit that a permanent life partnership existed.
- Copy of bank statement not older than three months (no ATM or internet statement will be accepted) or a cancelled cheque.

Please note that the processing of the claim is subject to the following conditions:

- All sections must be completed in full.
- An **approved** Commissioner of Oaths must certify all copies.
- All copies must be legible and photocopies and certifications must be clear.
- All supporting documentation must be submitted together with this form in order for the claim to be paid within 48 hours of receipt.
- Momentum FundsAtWork reserves the right to request further documentation/proof before finalising this claim.

Section 1: Employer details

Name of fund/scheme	
Name of employer	

Section 2: Member details

Title		Initial/s		First name							
Surname											
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	
RSA ID	Yes	No	Identity/ Passport number								
Passport country of origin											

Section 3: Deceased's details

Title		Initial/s		First name							
Surname											
RSA ID	Yes	No	Identity/ Passport number								
Passport country of origin											
Relationship to member											
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	
Date of death	D	D	-	M	M	-	Y	Y	Y	Y	
Date of marriage (if spouse)	D	D	-	M	M	-	Y	Y	Y	Y	

Section 4: Claimant's details

Title		Initial/s		First name							
Surname											
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y	
RSA ID	Yes	No	Identity/ Passport number								
Passport country of origin											
Relationship to the member											
Residential address											

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Section 4: Claimant's details (continued)

Postal address																					Postal code				
Telephone - work																					Fax				
Telephone - home																					Cellphone number				
Email address																									

Section 5: Payment details

Name of account holder																												
Name of financial institution																												
Account type	Current/Cheque	Savings	Transmission																									
Account number																	Branch code				-				-			

Note: Payment by electronic transfer will be made to the claimant's bank account. Please make sure that the details shown above are accurate.

Section 6: Next of kin to the deceased, other than the claimant (If the member is the deceased)

Title					Initial/s					First name														
Surname																								
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y														
RSA ID	Yes	No	Identity/ Passport number																					
Relationship to member																								
Residential address																								
Telephone - work																				Fax				
Telephone - home																				Cellphone number				
Email address																								
Signed at																								

Claimant's signature																				Date	D	D	-	M	M	-	2	0	Y	Y
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Section 7: Declaration by employer

I (full names)

hereby declare that:

- The deceased was a member of the scheme at the date of death or a dependant of a member;
- All particulars furnished in this form and accompanying documentation are true and correct; and
- I have made every effort to comply with the requirements stated in this document.

Signed at																							
Designation																							

Signature																				Date	D	D	-	M	M	-	2	0	Y	Y
Official stamp of employer																														

Completed form together with the supporting documents to be faxed to 012 675 3970 or emailed to clientcontactcentre@momentum.co.za.