



Death claim form

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK IN RESPECT OF A CLAIM FOR DEATH OR FUNERAL BENEFITS.



METROPOLITAN
EMPLOYEE BENEFITS



Scheme name:

Employer name:

Employer branch name or number: Scheme number:

A - Member's details

Surname & title: Member ref. no.:

Alternative surname: Wage/paysheet no.:

First name & initials: Date of birth:

Identification number: (dd/mm/yyyy)

*Income tax number: *Revenue office:

Marital status: Married Single Divorced Widowed

Postal address:

Postcode:

Date of joining the employer? Date of joining the Fund?

Was the member "actively-at-work" at the date of joining the Fund as well as at the date of the last increase in cover? Yes No

Last day at which the member was actively-at-work? * Information not required i.r.o. a claim for funeral benefits.

B - Deceased's details

Surname & title		First name & initials	
Name of deceased: <input type="text"/>		<input type="text"/>	
Relationship to member: Member <input type="checkbox"/> Spouse <input type="checkbox"/>		Child <input type="checkbox"/> Parent <input type="checkbox"/>	
Date of death: (dd/mm/yyyy) <input type="text"/>	*Pensionable salary at death: <input type="text"/>		PM PA
Date of last contribution: (dd/mm/yyyy) <input type="text"/>	Amount of last contribution: <input type="text"/>		PM PW
Date of birth: (dd/mm/yyyy) <input type="text"/>	Cause of death: <input type="text"/>		

* Information not required i.r.o. a claim for funeral benefits.



C - Disposal of benefits**

Surname, first name, initials & title of dependants or other nominees	Date of birth				Relationship to member	% Share	
	D	D	M	M			Y
Postal address					Postcode		
Postal address					Postcode		
Postal address					Postcode		
Postal address					Postcode		

In terms of Section 37C of the Pension Funds Act, any benefit payable by the scheme in respect of a deceased member will be paid to any one or more of the dependants of the member.

A dependant is a person considered by the trustees of the scheme as being dependent on the member for maintenance or support and includes the spouse or a descendant of the member who, in accordance with the rules of the scheme, may become entitled to a benefit. The trustees must decide on the equitable allocation of benefits to dependants / nominees.

This regulation does not apply to funeral benefits.

**Where pre-retirement widow/er and children's benefits are payable in terms of the scheme rules this section must also be completed.

Does employer have prior claim? Y N If Yes, enter amount

Specify reason

The scheme will contravene the Pension Funds Act if an amount that does not fall clearly within the restrictions as stated in the rules is deducted from the death benefit. This regulation does not apply to funeral benefits.

D - Payment details

To whom is benefit payable? Dependants/nominees Member Scheme Other If other, enter name and postal address

Name:

Postal address:

 Postcode:

Payment by cheque: Payment directly into bank or building society account:

Name of bank / building society:

Branch office: Branch no.: Bank only

Account number: Account type: Transmission, cheque, etc.

Signatures: Where the claim is i.r.o. the member's spouse, child or parent.

claimant/beneficiary Member or on behalf of employer / trustees

Date (dd/mm/yyyy) Date (dd/mm/yyyy)

I hereby declare that the information furnished above is true and correct. I further indemnify Metropolitan Life Ltd against any action and/or liability that may arise as a result of any error or incorrect information supplied herein.





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 Reg No: 2007/000667/23 cc

Authorised Financial Service Provider

DOCUMENTS REQUIRED FOR A DEATH CLAIM

<u>MEMBER</u>	<u>SPOUSE</u>	<u>CHILD/STILLBORN/MISCARRIAGE</u>
<ul style="list-style-type: none"> • DEATH CLAIM FORM • CERTIFIED ID OF MEMBER • CERTIFIED SPOUSE ID • CERTIFIED ID OF CLAIMANT • CERTIFIED MARRIAGE CERTIFICATE • IF DECEASED WERE MARRIED TRADITIONALLY WE REQUIRE TWO ADDITIONAL AFFIDAVITS • AND CERTIFIED ID COPIES FROM BOTH FAMILIES STATING THEY WERE MARRIED TRADITIONALLY • CERTIFIED DEATH CERTIFICATE • AFFIDAVIT FROM THE BENEFICIARY STATING THE RELATIONSHIP TO THE DECEASED • IF MEMBER IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • PAYS LIP • STAFF LIST WITH EMPLOYEE NAME AND ID REFLECTING • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER 	<ul style="list-style-type: none"> • DEATH CLAIM FORM • CERTIFIED ID OF MEMBER • CERTIFIED ID OF DECEASED • CERTIFIED MARRIAGE CERTIFICATE • IF DECEASED WERE MARRIED TRADITIONALLY WE REQUIRE TWO ADDITIONAL AFFIDAVITS FROM BOTH THE FAMILIES STATING THEY WERE MARRIED TRADITIONALLY • CERTIFIED DEATH CERTIFICATE • AFFIDAVIT FROM THE MEMBER STATING THE RELATIONSHIP TO THE DECEASED • IF MEMBER/ DECEASED IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • PAYS LIP OF MEMBER • STAFF LIST WITH EMPLOYEE NAME REFLECTING • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER 	<ul style="list-style-type: none"> • CERTIFIED COPY OF BI 20 (ABRIDGE DEATH CERTIFICATE) OF CERTIFIED • DEATH CERTIFICATE • CERTIFIED COPY OF BIRTH CERTIFICATE • CERTIFIED ID COPIES OF BOTH THE PARENTS • AFFIDAVIT FROM BOTH THE PARENTS STATING THAT THEY WERE THE BIOLOGICAL PARENTS OF THE DECEASED • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • 3RD PARTY AFFIDAVIT OF A PERSON NOT LIVING WITH THEM. • PAYS LIP • STAFF LIST WITH EMPLOYEE'S NAME REFLECTING • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER • LETTER FROM DOCTOR STATING HOW FAR THE PERSON WAS PREGNANT

PLEASE NOTE THAT ALL DEATH CLAIM FORMS MUST BE SIGNED BY BOTH MEMBER AND RESTAURANT OWNER. IF THE MEMBER IS THE DECEASED THEN BOTH BENEFICIARY AND RESTAURANT OWNER MUST SIGN.

SHOULD THE BENEFICIARY REQUEST THAT THE MONEY BE PAID INTO ANOTHER NOMINATED BANKING ACCOUNT, THE BENEFICIARY MUST SUBMIT A AFFIDAVIT AUTHORIZING METROPOLITAN TO PAY THE MONEY INTO THE NOMINATED BANK ACCOUNT.

❖ ADDITIONAL DOCUMENTS MAY BE REQUIRED BY METROPOLITAN FROM TIME TO TIME