

**What is required from the employer of the deceased member?**

The employer needs to provide the Fund with details and supporting information of the deceased's spouse, or partner, children and everyone who financially relied on the deceased member.

**Employers are required to complete pages 1 - 3**

**What is required from you, the person completing this form?**

It is in your own interest to fully complete and submit this form and all supporting documents as quickly as possible, as the Fund will only be able to proceed with the claim once it has received all the required information. All these forms need to be signed.

**All claimants must complete pages 4 - 10**

**\*Customary law union spouse and permanent life partner to complete page 9.**

- Legal spouse** Certified copy of marriage certificate
- \* Customary law spouse** Customary law union certificate, proof of Labola paid or page 9 to be completed by independent party
- \* Permanent life partner** Page 9 to be completed by independent party and provide proof of joint accounts, eg. Joint loan or bond accounts, medical aid card, etc.

**Required basic supporting documentation (All claimants).**

- A certified copy of the late member's ID book.
- A certified copy of the late member's death certificate.
- Certified copies of ID documents of ALL claimants.
- Certified copies of birth certificates of ALL minor children.
- Original bank confirmation (stamped by the bank) and 3 months bank statements.

**What are the duties of the Trustees in terms of Section 37C of the Pension Funds Act?**

The duty of the Board of Trustees of the Fund is the equitable distribution of death benefits. In terms of Section 37C of the Pension Funds Act of 1956, the Trustees are required to:

- a) Identify and trace dependants and nominated beneficiaries of the deceased member of the Fund.
- b) Establish and investigate each dependant's financial and other circumstances.
- c) Allocate the death benefit on a fair basis.

**NOTE: Submitting a claim form or being a nominee does not automatically entitle a person to a benefit, it only entitles a nominee/claimant to be considered by the trustees when they are deciding who to allocate the death benefit to from among the dependants and nominees.**

**Completed application forms with all supporting documentation must be submitted via your local MIBCO office.**

REGION	PHYSICAL ADDRESS	CONTACT NUMBER
Eastern Cape, PO BOX 7270, Port Elizabeth, 6055	55 Newton Street, Newton Park, Port Elizabeth	(041) 393 3600
KZN PO BOX 10230, Ashwood, 3605	10 A Caversham Road, Hagart Road Industrial, Pinetown	(031) 274 0644
Free State, PO BOX 22887, Bloemfontein, 9313	26 Lombard Street, Hilton, Bloemfontein	(051) 409 4001
Highveld, PO BOX 2578, Randburg, 2125	1st Floor, 275 Kent Avenue, Ferndale, Randburg	(011) 369 7750
Northern Region, PO BOX 13970, Hatfield, 0028	Primo Building, 2nd Floor, Hatfield Square, 1119 Burnett Street, Hatfield, Pretoria	(012) 364 4800
Western Cape, PO BOX 17, Bellville, 7535	3 Tyger Terrace, off Bellville Business Park, & DJ Wood Street, Mike Pienaar Boulevard, Bellville	(021) 941 7300
Mibco national number		086 166 4226

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the employer  
Original documentation to be submitted

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## SECTION 1

### DETAILS OF DECEASED MEMBER

- 1.1) Employee Surname: \_\_\_\_\_
- 1.2) Employee Full Names: \_\_\_\_\_
- 1.3) Employee ID number: \_\_\_\_\_ Certified copy of ID document must be attached.
- 1.4) Date of death: \_\_\_\_\_ Certified copy of death certificate must be attached.
- 1.5) Deceased employee personal Income Tax number: \_\_\_\_\_
- 1.6) Residential address: \_\_\_\_\_  
\_\_\_\_\_
- 1.7) Marital status:  Legally married  Divorced  
 Widow/ widower  Estranged  
 Customary law marriage  Single  
 Permanent life partner
- 1.8) Name of retirement fund to which the member belonged at the date of death \_\_\_\_\_

## SECTION 2

### EMPLOYER DETAILS

- 2.1) Company name: \_\_\_\_\_
- 2.2) Please confirm if the employee was in your service/a Fund member at the date of death  
\_\_\_\_\_
- 2.3) Period employed: From \_\_\_\_\_ to \_\_\_\_\_
- 2.4) If applicable - dates employee was absent from work immediately prior to death.  
From \_\_\_\_\_ to \_\_\_\_\_  
Reason for absence: \_\_\_\_\_
- 2.5) Contributions paid to last day of employment?  yes  no
- 2.6) According to your records, did the employee nominate a dependant/s in writing?  yes  no
- If yes, please state name/s and contact details and attach a copy of the nomination form.

INITIALS	SURNAME	CONTACT DETAILS

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the employer  
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02

## DETAILS OF DECEASED MEMBER

Initials and Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Tax number: \_\_\_\_\_

## SECTION 3

Please list all the deceased's children and dependants that you are aware of.

### 3.1 DETAILS OF CHILDREN

INITIALS	SURNAME	DATE OF BIRTH

### 3.2 DETAILS OF SPOUSE/S, PERMANENT LIFE PARTNERS

INITIALS	SURNAME	DATE OF BIRTH

### 3.3 DETAILS OF FORMER SPOUSES

INITIALS	SURNAME	DATE OF BIRTH

### 3.4 DETAILS OF ANY OTHER DEPENDANTS

INITIALS	SURNAME	DATE OF BIRTH

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the employer  
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## SECTION 3 (continued)

- 3.5)** Did the employee have any legal obligation to any third party in respect of a divorce agreement?  yes  no  unknown
- 3.6)** Maintenance to ex-spouse.  yes  no  unknown
- 3.7)** Maintenance in respect of minor child/children.  yes  no  unknown
- 3.8)** Is the spouse/s, permanent life partner of the deceased employee currently employed?  yes  no  unknown
- 3.9)** Was the employee registered on a medical aid?  yes  no  unknown
- If yes, please provide copy of front and back of medical aid card.

- 3.10)** Are the deceased employee's colleagues aware of any person/s who were dependent on the employee?  yes  no
- If yes, please provide details.

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### SIGNED FOR AND ON BEHALF OF THE EMPLOYER

Initials and Surname: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

COMPANY STAMP

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the claimant  
Original documentation to be submitted

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## DETAILS OF DECEASED MEMBER

Initials and Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Tax number: \_\_\_\_\_

## SECTION 1

### PERSONAL DETAILS OF CLAIMANT

1.1) Full Names and Surname: \_\_\_\_\_

1.2) ID number: \_\_\_\_\_ Certified copy of ID document **must be** attached.

1.3) Gender:  male  female

1.4) Relationship to deceased member: \_\_\_\_\_

1.5) Marital Status: \_\_\_\_\_

Legal spouse Marriage certificate (**must be** attached)

Customary law spouse Customary union certificate, proof of labola **OR** section 5 (Page 9) to be completed by independent party (**must be** attached)

Permanent life partner Section 5 (Page 9) to be completed by independent party (**must be** attached) and include proof of joint accounts, eg. Loan or bond accounts, medical aid card, etc.

1.6) Residential address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.7) Postal address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.8) Contact details: Tel number: \_\_\_\_\_

Cell number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

1.9) Did you reside with the member at the time of his death: \_\_\_\_\_

1.10) Please provide particulars of family members not living with you.

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the claimant  
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## SECTION 2

PLEASE LIST ALL MEMBER'S MINOR CHILDREN (under 18, biological, legally adopted) and confirm who is currently taking care of them.

### 2.1 DETAILS OF MINOR CHILDREN

NAME AND SURNAME	DATE OF BIRTH	GUARDIAN OF CHILD	GUARDIAN'S RELATIONSHIP	GUARDIAN'S CONTACT

### 2.2 DETAILS OF MAJOR CHILDREN

NAME AND SURNAME	DATE OF BIRTH / AGE	CONTACT NUMBER

#### Information regarding deceased member

- 2.3)** If applicable, please provide details of member's spouse/s or permanent life partner: \_\_\_\_\_  
\_\_\_\_\_
- 2.4)** Date of marriage / onset of Cohabitation as life partner: \_\_\_\_\_  
\_\_\_\_\_
- 2.5)** If member lived apart from spouse / permanent life partner, please provide reasons: \_\_\_\_\_  
\_\_\_\_\_
- 2.6)** If applicable, please provide details of PREVIOUS spouse/s or permanent life partner and the duration of these relationships: \_\_\_\_\_  
\_\_\_\_\_
- 2.7)** What was the member's living arrangements at the time of death and provide details of persons who lived with the member: \_\_\_\_\_  
\_\_\_\_\_
- 2.8)** Please provide full details of any legal obligations the member had in terms of divorce or any court order which required the member to pay maintenance in respect of any spouse/partner/child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the above information is valid and true and I can be held accountable for it.

Claimant's name and surname: \_\_\_\_\_

Claimant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the claimant  
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## SECTION 3

### MORE INFORMATION ABOUT YOU

**3.1)** What are your current living arrangements? e.g. live with parents, live alone with minor children.

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**3.2)** What were your living arrangements at the time of the member's death?

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**3.3)** Were you financially dependant in any manner on the member at the time of death? \_\_\_\_\_

If yes, please provide full details (and attach proof) regarding the following:

**3.3.1)** How did the member financially support you? \_\_\_\_\_

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**3.3.2)** How often did the member financially support you? (Please provide bank statements OR affidavits from independent parties) \_\_\_\_\_

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**3.3.3)** What is your highest academic qualification? \_\_\_\_\_

**3.4)** MAJOR CHILDEN, If you are currently studying please complete and provide proof from the Institution of the following:

Course name: \_\_\_\_\_

Current level: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Total cost: \_\_\_\_\_

Duration: \_\_\_\_\_

Person responsible for account or details of bursary. A statement of the account must be provided.

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**3.5)** Are you currently employed/self-employed/pensioner? \_\_\_\_\_

If employed, please provide latest payslip.

**3.6)** If not employed, date last employed, name of previous employer and reason for leaving.

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**3.7)** Please describe your financial situation and future employment prospects.

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**3.8)** Do you receive a government grant? (SASSA) \_\_\_\_\_

If yes, amount of grant R \_\_\_\_\_

**3.9)** Are you blacklisted? \_\_\_\_\_ Under debt administration? \_\_\_\_\_

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the claimant  
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## MORE INFORMATION ABOUT YOU CONTINUED

**3.10)** Do you have savings / investments: \_\_\_\_\_

**3.11)** Please provide any further information that you feel the Fund's trustees should know about in order to decide on an equitable allocation to the dependants. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.12)** Do you receive a government grant? (SASSA, Military veterans, UIF etc.) \_\_\_\_\_  
If yes, amount of grant you receive: R \_\_\_\_\_

**3.13)** Are you blacklisted? \_\_\_\_\_ Under debt administration? \_\_\_\_\_

**3.14)** Do you have savings / investments (if yes, provide details): \_\_\_\_\_  
\_\_\_\_\_

**3.15)** How many accounts do you have and the amount outstanding for each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.16)** Have you ever been sequestrated or declared insolvent? (Yes/No) If yes, provide details \_\_\_\_\_  
\_\_\_\_\_

**3.17)** Have you ever applied for credit and it was declined? (Yes/No) If yes, provide details \_\_\_\_\_  
\_\_\_\_\_

**3.18)** Have you ever been treated for substance abuse or gambling? (Yes/No) If yes, provide details \_\_\_\_\_  
\_\_\_\_\_

**3.19)** Do you have a financial adviser? (yes/No) If yes, provide details and FAIS registration number \_\_\_\_\_  
\_\_\_\_\_

**3.20)** Please provide details of any other support or income you receive from family, friends or other sources, apart from that from the deceased member \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare that the above information is valid and true and I can be held accountable for it.**

Claimant's name and surname: \_\_\_\_\_

Claimant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# APPLICATION FOR DEATH BENEFIT

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## 4) YOUR MONTHLY INCOME AND EXPENSES

### MONTHLY INCOME

Your salary after deductions R \_\_\_\_\_

Your occupation \_\_\_\_\_

Your employer \_\_\_\_\_

Spouse/customary spouse/permanent life partner 's salary R \_\_\_\_\_

Spouse/customary spouse/permanent life partner's occupation \_\_\_\_\_

Spouse/customary spouse/permanent life partner's employer \_\_\_\_\_

Monthly pension R \_\_\_\_\_

Spouse/customary spouse/permanent life partner's pension R \_\_\_\_\_

State subsidy being received R \_\_\_\_\_

Rental being received R \_\_\_\_\_

Interest being received R \_\_\_\_\_

Other Income (PLEASE SPECIFY) R \_\_\_\_\_

### TOTAL MONTHLY INCOME

Value of your house, business, investments, and other assets you have R \_\_\_\_\_

Your current bank balance R \_\_\_\_\_

### AMOUNTS RECEIVED BY YOU AFTER THE DECEASED'S DEATH

Outstanding Bond R \_\_\_\_\_ UIF payout received R \_\_\_\_\_

Life assurance payout 1 R \_\_\_\_\_ Life assurance payout 2 R \_\_\_\_\_

Proceeds from the estate R \_\_\_\_\_ Group Life Policy payout R \_\_\_\_\_

Funeral Policy payout R \_\_\_\_\_ Leave payout R \_\_\_\_\_

Any other money received (please specify) R \_\_\_\_\_

TOTAL PAYMENTS RECEIVED R \_\_\_\_\_

### MONTHLY EXPENSES

Rent/Bond repayments R \_\_\_\_\_ HP repayments R \_\_\_\_\_

Long term loans R \_\_\_\_\_ Short term loans R \_\_\_\_\_

Overdraft account(s) R \_\_\_\_\_ Credit cards R \_\_\_\_\_

Groceries R \_\_\_\_\_ Clothing R \_\_\_\_\_

Telephone R \_\_\_\_\_ Water and electricity R \_\_\_\_\_

Rates and taxes R \_\_\_\_\_ Domestic servant / gardener R \_\_\_\_\_

School expenses R \_\_\_\_\_ Policies R \_\_\_\_\_

Medical costs R \_\_\_\_\_ Insurance R \_\_\_\_\_

### OTHER MONTHLY EXPENSES/ACCOUNTS (PLEASE SPECIFY)

R \_\_\_\_\_ R \_\_\_\_\_

R \_\_\_\_\_ R \_\_\_\_\_

R \_\_\_\_\_ R \_\_\_\_\_

R \_\_\_\_\_ R \_\_\_\_\_

TOTAL EXPENDITURE R \_\_\_\_\_

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the claimant  
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## PLEASE ATTACH YOUR LATEST PAYSリップ IF CURRENTLY EMPLOYED

I herewith give consent to the sharing of information contained in this application insofar as might be required for the purpose of processing the claim. I declare that the above information is valid and true and I can be held accountable for it.

Claimant's name and surname: \_\_\_\_\_

Claimant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 4

### CLAIMANT'S BANKING DETAILS

Please provide latest 3 months original bank statements with a bank stamp

Account Holder (Claimant's) Surname and Initials: \_\_\_\_\_

ID/Passport number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account:  savings  current  transmission

Date opened: \_\_\_\_\_

\_\_\_\_\_  
**Account holder (claimant's) signature**

\_\_\_\_\_  
**Initials and Surname of Bank official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Bank Official**

OFFICIAL BANK STAMP

# APPLICATION FOR DEATH BENEFIT

This form must be completed by the claimant  
Original documentation to be submitted

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## SECTION 5

### AFFIDAVIT PROOF OF CUSTOMARY LAW UNION OR LIFE PARTNER RELATIONSHIP

**PLEASE NOTE: This section must be completed by an INDEPENDENT PARTY i.e a relative sharing the same surname as the deceased, a tribal chief, a pastor, a doctor etc. The INDEPENDENT PARTY CANNOT also sign as Commissioner of Oaths**

5.1) What was the claimant's relationship to the deceased? Please mark the appropriate block.

Customary Union

Life Partner

5.2) I, the undersigned,

Full Names and Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Tel number: \_\_\_\_\_ Cell number: \_\_\_\_\_

In my capacity as (mother, father, tribal chief, pastor, etc.): \_\_\_\_\_

state under oath that I knew the deceased (name): \_\_\_\_\_

and reputed spouse (name): \_\_\_\_\_

as husband and wife from: \_\_\_\_\_ to: \_\_\_\_\_

5.3) The number of children born from this Union were: \_\_\_\_\_

5.4) Did the deceased have any other relationship/s?

yes

no

If yes, state the names, addresses and contact numbers of such persons. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.5) Were any other children born out of the above mentioned relationship/s?

yes

no

If yes, state names, addresses and contact numbers of children OR guardian/s. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I know and understand the content of this affidavit, that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

\_\_\_\_\_  
Signature of deponent

Signed and sworn before me at \_\_\_\_\_

on this \_\_\_\_\_ day of 20\_\_

by the deponent who has acknowledged the fact that he/she knows and understand the content of this affidavit.

\_\_\_\_\_  
COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

Full Names and Surname of claimant: \_\_\_\_\_