

UNCLAIMED BENEFIT

SURPLUS

DECEASED MEMBER

UNSURE

Should you have any further supporting documentation that you think could assist with your claim (for e.g previous payslips, and/or benefit statements, a previous identification number that used to be used) please also provide this to us.

For a deceased claim please provide the following supporting documents :
 Certified copy of the late members ID
 Certified copy of the late members death certificate
 Estate details for the benefit to be paid to

MEMBERS INFORMATION

Council number (if available): _____

Surname: _____

First Names: _____

Identity No.: _____ Date of birth.: _____

Telephone No.: _____

Email Address: _____

Tax No. (Must be provided. Obtainable from SARS): _____

Physical Address : _____
 _____ Code: _____

Postal Address : _____
 _____ Code: _____

MEMBERS BANK DETAILS (No 3rd party accounts will be accepted)

An original Bank confirmation letter (stamped by the bank) is required.

Account holders Name: _____

Name of bank: _____

Branch code: _____

Account Number: _____

Type of Account: _____

I, the undersigned, hereby certify that the information provided is correct in all aspects.

Member's Signature

Date

**Once completed, please email this form together with a certified copy of your identity document
and original bank confirmation letter to: ub@mifa.org.za**