

FundsAtWork Namibia Claim form for Family Protector

Member number

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Please attach the following documents:

- A certified copy of the death certificate
- A certified copy of the deceased's identity document/birth certificate
- A 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. If the deceased is a spouse, a certified copy of the marriage certificate
- If a marriage certificate is not available, proof that a permanent life partnership existed, in a form of an affidavit
- A 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 applicable 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.

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Section 1: Employer details

Employer's name

Employee number

Section 2: Member details (compulsory)

Title Initial/s First name

Surname

Date of birth - -

National identity document Yes No Identity / Passport number

Passport country of origin

Residential address

Postal address Postal Code

Telephone - work Fax number

Telephone - home Cell number

Tax number Tax office

Email address

Section 3: Claimant's details (if different from member)

Title Initial/s First name

Surname

Date of birth - -

National identity document Yes No Identity / Passport number

Passport country of origin

Residential address

Postal address Postal Code

Relationship to the member

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Section 3: Claimant's details (if different from member) (continued)

Telephone - work	<input type="text"/>	Fax number	<input type="text"/>
Telephone - home	<input type="text"/>	Cell number	<input type="text"/>
Email address	<input type="text"/>		
Tax number	<input type="text"/>	Tax office	<input type="text"/>

Section 4: Next of kin to the deceased, other than the claimant (if the member is the deceased)

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>										
Surname	<input type="text"/>														
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>								
National identity document	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Identity / Passport number	<input type="text"/>									
Passport country of origin	<input type="text"/>														
Residential address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Postal address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Telephone - work	<input type="text"/>										Fax number	<input type="text"/>			
Telephone - home	<input type="text"/>										Cell number	<input type="text"/>			
Email address	<input type="text"/>														

Section 5: Deceased's details (if the deceased is the member, complete 'Date of death' only)

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>										
Surname	<input type="text"/>														
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>								
Date of death	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>								
National identity document	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Identity / Passport number	<input type="text"/>									
Passport country of origin	<input type="text"/>														
Residential address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Postal address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														

Section 6: Payment details for funeral benefit

Name of account holder	<input type="text"/>															
Name of bank	<input type="text"/>															
Account type	Current/Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>										
Account number	<input type="text"/>										Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

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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.
- I have made every effort to comply with the requirements stated in this document.

Signed at

Designation

Signature

Date - - 2 0

Official stamp of employer

Completed form together with supporting documents to be faxed to +264 61 299 7537 or emailed to fundsatworknamibia@momentum.co.na

Terms and conditions

1. Momentum FundsAtWork Namibia will not be liable for any losses the claimant incurs if the information supplied is unclear, illegible or incorrect in any way.
2. No benefit will be paid if death is as a result of suicide or self-inflicted injury within the first two years of the member flexing their benefit.
3. Momentum FundsAtWork Namibia reserves the right to request further documentation / proof before finalising this claim.
4. Notification of a claim must be received within 3 months of the date of death for it to be admitted.
5. All requirements must be received within 4 months for the claim to be paid.
6. All claims are subject to receiving the relevant accompanying documentation as specified at the beginning of this form.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to fundsatworknamibia@momentum.co.za or fax it to +264 61 234 851.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.