

# FundsAtWork Death claim form (Umbrella Funds and unapproved death benefits)

Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The employer must complete this form and forward it to Momentum.

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

- All sections must be completed in full.
- The supporting documents must accompany the completed form.
- All copies must be legible, and photocopies must be clear.

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

Note: Please note that the trustees will use this form as a guideline to decide to whom they must distribute the death benefit.

Please attach the following documents:

**Deceased member:**

- Certified copy of death certificate.
- Certified copy of identity document.
- The beneficiary nomination form.
- Certified copy of will.
- An original or copy of the deceased's earnings/salary in respect of the last two months before death (unapproved).
- Police report if cause of death is "unnatural causes".
- Details of the executor of the estate (see section 8).
- Details of other policy payouts (unapproved group life cover and/ or individual life cover) (see section 2).
- Copy of medical aid card confirming dependants.
- Contact details of co-worker to confirm dependants.

**Spouse or ex-spouse:**

- Certified copy/ies of identity document/s.
- Certified copy/ies of marriage certificate/s or customary union certificate/s or confirmation of customary marriage/s confirmation from the tribal chief/s.
- Affidavit by common law spouse confirming permanent life partnership.
- Copy/ies of divorce order/s, settlement agreement/s, court orders.
- Copy/ies of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s.
- Proof of income/ latest payslip.

**Guardian / Caretaker:**

- Certified copy of identity document.
- Proof of residence (water and lights statement or a letter from the councillor or tribal chief confirming residence).
- Copy of bank statement not older than three months (no ATM or internet statement will be accepted) or a cancelled cheque.

**Children:**

- Certified copy/ies of birth certificate/s or identity document/s.
- Proof of full-time education in respect of children over 18 years who were financially dependent on the deceased.
- Affidavits by major children confirming full description of financial dependency on the deceased in Namibian dollar value.
- Copy of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s (for major children).
- Proof of residence for children over 18 years (water and lights statement or a letter from the councillor or tribal chief confirming residence).
- Where a trust is to be set up on behalf of a minor/s, a fully completed trust deed.

**Other financial dependants:**

- Certified copy/ies of identity document/s.
- Affidavit/s confirming full description of financial dependency on the deceased including Namibian dollar value.
- Copy/ies of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s.

**Nominees:**

- Where a trust is to be set up on behalf of a minor/s, a fully completed trust deed.
- Certified copy/ies of identity document/s.
- Copy/ies of bank statement/s not older than three months (no ATM or internet statement/s will be accepted) or cancelled cheque/s.

## Section 1: Scheme details

Name of fund

Name of employer

Type of benefit Approved  Unapproved

Salary on which the group life cover was based (if not the same as the pensionable salary) N\$

Month of last contribution 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

	<b>Pension Fund</b>	<b>Provident Fund</b>
Amount of last member contribution	N\$ <input type="text"/>	N\$ <input type="text"/>

Amount of last employer contribution	N\$ <input type="text"/>	N\$ <input type="text"/>
--------------------------------------	--------------------------	--------------------------

Amount of last monthly additional voluntary contribution (if any)	N\$ <input type="text"/>	N\$ <input type="text"/>
---	--------------------------	--------------------------

Comments (e.g. contributions proportioned/paid in advance):

Deceased's annual salary before their death N\$

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Section 2: Deceased member's details**

Title  Initial/s  First name

Surname

Date of birth  Date of death

Cause of death

Marital status of the member at the time of death      Single       Married       Living together       Divorced       Widowed

Period of living together

National identity document      Yes       No       Identity / Passport number

Passport country of origin

Tax number       Tax office

If the member was not registered for income tax, please select one of the following:      SITE TAX       OTHER

If other, please specify

Deceased's residential address prior to death

     Postal Code

Deceased's postal address prior to death

     Postal Code

Was the member "actively at work" at the date of joining the Fund?      Yes       No

Date of the last increase in cover      Approved       Unapproved

Date of joining the employer       Date of joining scheme

Last day on which member was actively at work

Was the member in receipt of a monthly disability income benefit immediately prior to death?      Yes       No

**Section 3: Details of other policy payouts (where available)**

Select option	Unapproved lump sum death benefit			Individual life cover		
Name of Insurer	<input type="text"/>					
Benefit amount	<input type="text"/>					
Compete details of beneficiaries and allocations	Name	Relationship	Allocation	Name	Relationship	Allocation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select option	Unapproved lump sum death benefit			Individual life cover		
Name of Insurer	<input type="text"/>					
Benefit amount	<input type="text"/>					
Compete details of beneficiaries and allocations	Name	Relationship	Allocation	Name	Relationship	Allocation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide proof of the benefits and allocation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Section 4: Spouse details**

Full names of spouse

Date of birth

National identity document Yes  No  Identity / Passport number

Passport country of origin

Type of marriage Civil  Customary  Common law spouse

Residential address of spouse   
 Postal code

Telephone number

Please indicate type of accommodation in which spouse lives Owned  Rented  Living with parents

If rented/owned, please give details of rent/bond payments N\$

Is the spouse employed? Yes  No  If Yes, what is the spouse's monthly remuneration? N\$

Please specify details of any other income N\$

If the spouse is not employed, to what extent did the deceased member support the spouse?

Is the spouse capable of managing their own financial affairs? Yes  No

If No, why not?

**Section 5: Ex-spouse details**

If the deceased had an ex-spouse who is still alive, please indicate their details. If there are more than one ex-spouse, please provide details of all the ex-spouses on a separate page.

Was the deceased previously married to anyone other than the person referred to above? Yes  No

How many times has the deceased been divorced?

Full names of ex-spouse

Date of birth

National identity document Yes  No  Identity / Passport number

Passport country of origin

Residential address of ex-spouse   
 Postal code

Telephone number

Date of divorce

Was the deceased maintaining the ex-spouse at the time of death or had the deceased agreed to maintain the ex-spouse? Yes  No

How was support provided to the ex-spouse? Voluntarily  Agreement  Maintenance order  Other

If Other, please provide details and attach proof

Monthly maintenance provided by deceased N\$

Is the ex-spouse employed? Yes  No  If the ex-spouse is employed, what is the ex-spouse's monthly remuneration? N\$

Has the ex-spouse remarried? Yes  No

Is the ex-spouse capable of managing their own financial affairs? Yes  No

If No, why not?

Please indicate type of accommodation in which ex-spouse lives Owned  Rented  Living with parents

If rented/owned, please give details of rent/bond payments N\$

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Section 6: Details of children

Please list all living children including adoptive or illegitimate children, or children born after the deceased's death. Where there are more than 4 children, please list information of other children on a separate page.

1. Full name

Date of birth    -    -

National identity document  Yes  No  Identity / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation  School / University  Part-Time studies and working  Working  Other

Marital status of child  Single  Married  Living together  Divorced

What is the financial position of the child?

Is the child in the custody of the parent?  Yes  No

If No, who is caring for the child?  Guardian  Caregiver  Other

If other, specify

**Details of person caring for the child**

Name

Date of birth    -    -     ID / Passport number

Passport country of origin

Address

Postal code

Telephone number

Is this person employed?  Yes  No  If Yes, what is their monthly remuneration? N\$

Is this person capable of managing their own financial affairs?  Yes  No

If No, why not?

Has a Trust been set up for the child?  Yes  No

If yes, please attach the trust deed and provide details

2. Full name

Date of birth    -    -

National identity document  Yes  No  Identity / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation  School / University  Part-Time studies and working  Working  Other

Marital status  Single  Married  Living together  Divorced

What is the financial position of the child?

Is the child in the custody of the parent?  Yes  No

If No, who is caring for the child?  Guardian  Caregiver  Other

If other, specify

**Details of person caring for the child**

Name

Date of birth    -    -     ID / Passport number

Passport country of origin

Address

Postal code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Section 6: Details of children (continued)**

Telephone number

Is this person employed? Yes  No  If Yes, what is their monthly remuneration? N\$

Is this person capable of managing their own financial affairs? Yes  No

If No, why not?

Has a Trust been set up for the child? Yes  No

If yes, please attach the trust deed and provide details

3. Full name

Date of birth    -    -

National identity document Yes  No  Identity / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation School / University  Part-Time studies and working  Working  Other

Marital status Single  Married  Living together  Divorced

What is the financial position of the child?

Is the child in the custody of the parent? Yes  No

If No, who is caring for the child? Guardian  Caregiver  Other

If other, specify

**Details of person caring for the child**

Name

Date of birth    -    -     ID / Passport number

Passport country of origin

Address

Postal code

Telephone number

Is this person employed? Yes  No  If Yes, what is their monthly remuneration? N\$

Is this person capable of managing their own financial affairs? Yes  No

If No, why not?

Has a Trust been set up for the child? Yes  No

If yes, please attach the trust deed and provide details

4. Full name

Date of birth    -    -

National identity document Yes  No  Identity / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation School / University  Part-Time studies and working  Working  Other

Marital status Single  Married  Living together  Divorced

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Section 6: Details of children (continued)

What is the financial position of the child?

Is the child in the custody of the parent? Yes  No

If No, who is caring for the child? Guardian  Caregiver  Other

If other, specify

**Details of person caring for the child**

Name

Date of birth  -  -  ID / Passport number

Passport country of origin

Address

Postal code

Telephone number

Is this person employed? Yes  No  If Yes, what is their monthly remuneration? N\$

Is this person capable of managing their own financial affairs? Yes  No

If No, why not?

Has a Trust been set up for the child? Yes  No

If yes, please attach the trust deed and provide details

## Section 7: Other financial dependants (people whom the deceased member supported financially on a regular basis – e.g. mother, father, grandmother, grandfather, sister, uncle, etc)

If there are more than three financial dependants, please provide details of the other financial dependants on a separate page.

1. Full name

Date of birth  -  -

National identity document Yes  No  Identity / Passport number

Passport country of origin

Relationship to deceased

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Address

Postal code

Telephone number

Please indicate type of accommodation in which the person lives Owned  Rented  Living with parents

If rented/owned, please give details of rent/bond payments N\$

Is the person employed? Yes  No  If Yes, what is their monthly remuneration? N\$

Is the person capable of managing their own financial affairs? Yes  No

If No, why not?

2. Full name

Date of birth  -  -

National identity document Yes  No  Identity / Passport number

Passport country of origin

Relationship to deceased

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Section 7: Other financial dependants (people whom the deceased member supported financially on a regular basis – e.g. mother, father, grandmother, grandfather, sister, uncle, etc) continued

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?



Address

Postal code

Telephone number

Please indicate type of accommodation in which the person lives  Owned  Rented  Living with parents

If rented/owned, please give details of rent/bond payments  N\$

Is the person employed?  Yes  No  If Yes, what is their monthly remuneration?  N\$

Is the person capable of managing their own financial affairs?  Yes  No

If No, why not?

3. Full name

Date of birth    -    -

National identity document  Yes  No  Identity / Passport number

Passport country of origin

Relationship to deceased

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?



Address

Postal code

Telephone number

Please indicate type of accommodation in which the person lives  Owned  Rented  Living with parents

If rented/owned, please give details of rent/bond payments  N\$

Is the person employed?  Yes  No  If Yes, what is their monthly remuneration?  N\$

Is the person capable of managing their own financial affairs?  Yes  No

If No, why not?

### Section 8: Nominated beneficiaries

Did the member complete a beneficiary nomination form?  Yes  No

If Yes, attach the nomination form to this guide.

### Section 9: Estate arrangements

If no dependants can be traced within twelve months of the death of the member and the estate is insolvent, the benefit will first be applied towards making the estate solvent before any benefit is paid to any nominees. Only that portion which exceeds the net liabilities of the estate is payable to the nominees.

Is the estate solvent?  Yes  No

If Yes, please provide proof of solvency

If No, please provide details

#### Details of executor of estate

Full name

Address

Postal code

Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Section 10: Additional information**

Please provide information regarding family circumstances which you think the trustees should consider to assist them in the distribution of the death benefits.


**Section 11: Recommendations by the employer**

Please describe what steps have been taken to establish who all the dependants are, eg discussions with various family members, friends and colleagues.


Following a thorough investigation, I am satisfied that the information given in this form is true.

Section 37C of the Pension Funds Act governs the distribution of benefits on a member's death. This may result in the decision of the trustees not being strictly in accordance with the employer's recommendation.

After obtaining all the relevant information, please make your recommendation below.

Name	Relationship	% share of benefit

Reasons for recommendation (please provide as much detail as possible)


**Section 12: Distribution of unapproved benefits**

1. Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Residential address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>			Postal Code	<input type="text"/>
Relationship to member	<input type="text"/>			% Share	<input type="text"/>
2. Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Section 12: Distribution of unapproved benefits (continued)**

Residential address																	
													Postal Code				
Relationship to member													% Share				
3. Title				Initial/s				First name									
Surname																	
Residential address																	
													Postal Code				
Relationship to member													% Share				
4. Title				Initial/s				First name									
Surname																	
Residential address																	
													Postal Code				
Relationship to member													% Share				

**Section 13: Banking details of beneficiaries**

Type of benefit	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved							
To whom benefit is payable?	<input type="checkbox"/> Dependants / nominees	<input type="checkbox"/> Employer	<input type="checkbox"/> Other (If other, enter name and postal address)						
Name									
Postal address									
			Postal Code						
	<input type="checkbox"/> Payment by cheque	<input type="checkbox"/> Payment directly into bank account							
Account holder's name									
Name of bank									
Branch name			Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
Account number									
Account type	Current	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>			

Type of benefit	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved							
To whom benefit is payable?	<input type="checkbox"/> Dependants / nominees	<input type="checkbox"/> Employer	<input type="checkbox"/> Other (If other, enter name and postal address)						
Name									
Postal address									
			Postal Code						
	<input type="checkbox"/> Payment by cheque	<input type="checkbox"/> Payment directly into bank account							
Account holder's name									
Name of bank									
Branch name			Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
Account number									
Account type	Current	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>			

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Section 13: Banking details of beneficiaries the employer identified (continued)**

Type of benefit  Approved  Unapproved

To whom benefit is payable?  Dependants / nominees  Employer  Other (If other, enter name and postal address)

Name

Postal address

Postal Code

Payment by cheque  Payment directly into bank account

Account holder's name

Name of bank

Branch name  Branch code  -  -

Account number

Account type Current  Transmission  Savings

Type of benefit  Approved  Unapproved

To whom benefit is payable?  Dependants / nominees  Employer  Other (If other, enter name and postal address)

Name

Postal address

Postal Code

Payment by cheque  Payment directly into bank account

Account holder's name

Name of bank

Branch name  Branch code  -  -

Account number

Account type Current  Transmission  Savings

Type of benefit  Approved  Unapproved

To whom benefit is payable?  Dependants / nominees  Employer  Other (If other, enter name and postal address)

Name

Postal address

Postal Code

Payment by cheque  Payment directly into bank account

Account holder's name

Name of bank

Branch name  Branch code  -  -

Account number

Account type Current  Transmission  Savings

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Section 14: Deductions

The following amounts can be deducted from the retirement savings account at disinvestment.

- Home loans for which the Fund/s is/ are the guarantor.
- Exceptions permitted in terms of section 37A of the Pension Funds Act are in respect of maintenance payments or divorce orders endorsed against the Fund, entitling the non-member spouse to a portion of the member benefit.

Maintenance order

 Yes 
 No 

If yes, please provide maintenance order

Divorce order

 Yes 
 No 

If yes, please provide a copy of the divorce order and complete the divorce order form.

## Section 15: Indebtedness to employer (to be completed by the participating employer)

In terms of Section 37D of the Pension Funds Act, the only payments in respect of which a member's benefit may be reduced, are recovery for damages caused to the employer as a result of fraud, theft, dishonesty or misconduct, which can only be recovered if the member admits to it in writing, or if a compensatory court order is obtained (ordering the member to repay the damages). Please provide a court order obtained by the employer, or proof of the member's written admission of liability.

Amount to be deducted in favour of the employer

**The recovery of personal indebtedness to the employer (such as personal loans, cell phone costs, etc) is not permitted.**

## Section 16: Declaration by employer

I  (Full names)

hereby certify that:

- The deceased was a member of the fund at the date of their death;
- To the best of my knowledge, all particulars furnished in this form and accompanying documentation to the best of my knowledge are true and correct; and
- I have made every effort to comply with the requirements stipulated in this document.

Designation

Signature on behalf of employer

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](mailto:fundsatworknamibia@momentum.co.na).

### Notes for the education benefit under Family Protector

- The education benefits are applicable if the deceased had retirement benefits and group life cover under the Momentum FundsAtWork Umbrella Funds Namibia.
- The education benefit will be paid to an umbrella trust administrated by FNB Trust. The trust will manage the payment of the education costs.
- The benefit is payable for 5 years or the number of years until the child reaches the ages of twenty one, whichever period is the shortest. The benefit is 10% of the member's annual salary capped at N\$5 000 per annum per child. If the benefit is less than or equal to N\$5 000, it will be paid as a lump sum.

**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](mailto: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.