

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

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Original documentation to be submitted

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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

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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.

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

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Original documentation to be submitted

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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

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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.

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

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? _____

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

3.3.3) What is your highest academic qualification? _____

3.4) MAJOR CHILDREN, 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.

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.

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

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

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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

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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

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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'S STAMP

COMMISSIONER OF OATHS

PRIVACY STATEMENT

I agree that Motor Industry Retirement Funds (MIRF) and Motor Industry Fund Administrators (MIFA) may process all information that I provide on this form. MIRF/MIFA may use my personal information to provide and administer retirement fund investments and share my personal information as per my instruction in this form or with other contracted service providers, who are legally bound to protect the information. I understand that the information will be processed in accordance with the Protection of Personal Information Act, No.4 of 2013 and MIRF and MIFA's strict policies and procedure manuals on protecting the confidentiality of my personal information.

Full Names and Surname of claimant: _____