



GIPF

Government Institutions
Pension Fund

FUNERAL BENEFIT CLAIM

(Please print and complete in full)

1. PARTICULARS OF MEMBER

1. Membership Number	<input type="text"/>
2. Employee Code / Salary Number	<input type="text"/>
3. Employer / Ministry	<input type="text"/>
4. Surname	<input type="text"/>
5. Maiden Name (if applicable)	<input type="text"/>
6. First Names (in full)	<input type="text"/>
7. Identity Number	<input type="text"/>
8. Marital Status (please select)	
9. Gender (please select)	
10. Admission Date to the Fund	<input type="text"/> D D M M Y Y Y Y

2. PARTICULARS OF DECEASED

1. Surname	<input type="text"/>
2. First Name	<input type="text"/>
3. Identity Number	<input type="text"/>
4. Date of Death	<input type="text"/> D D M M Y Y Y Y
5. Death certificate number	<input type="text"/>
6. Post mortem number (if applicable)	<input type="text"/>
7. The deceased was a : (please select)	

3. BANK DETAILS OF MEMBER / CLAIMANT

1. Account holder Name	<input type="text"/>
2. Name of Bank	<input type="text"/>
3. Branch Name	<input type="text"/>
4. Branch Code	<input type="text"/>
5. Account Number	<input type="text"/>
6. Type of Account	<input type="text"/>

Confirmation of the above bank details by the bank(optional):

Name & Surname: _____

Position: _____

Signature: _____

Department: _____

4. DOCUMENTS REQUIRED

Please provide us with the original certified copies of the following documents, where applicable, to enable us to finalise the Funeral Benefit within the prescribed time.

Documents	Member	Spouse	Child
Death Certificate	x	x	x
Identity Document (Member/Spouse/Claimant)	x	x	x
Marriage Certificate / Declaration of Traditional Marriage from Traditional Authority	x	x	
Full Birth Certificate			x
*Sworn Declaration (stating relationship to the deceased or authority to claim)	x	x	x
Last Pay Slip / Member’s Salary Advice	x	x	x
Proof of Banking Particulars of Claimant	x	x	x

5. DECLARATION AND CERTIFICATION (MEMBER / CLAIMANT)

1. I, the undersigned, do hereby declare that all particulars furnished in this form are true and correct.
2. Full Name _____
3. Relationship to deceased _____
4. Postal Address _____
5. Residential Address _____
6. Contact number (H) _____ (W) _____ (Cell) _____
7. E-mail Address _____
8. Signature _____ Date _____

6. DECLARATION AND CERTIFICATION FOR AND ON BEHALF OF EMPLOYER

I, the undersigned, hereby certify that all particulars furnished in this form are true and correct.

Full Names _____

Official Designation _____

Telephone No. _____

Fax No. _____

E-Mail Address _____

Signature _____ Date _____

Official Date Stamp

NB: To be completed by an authorised HR Officer.

*See notes in administration manual