

## Disabled Member Death Benefit Claim

(Please print and complete in full)

1. Parti	CULARS	OF THE	MEM	IBER
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01.	Membership Number																							
02.	Surname																							
03.	First Name																							司
04.	Identity Number								•															
05.	05. Gender (M = Male / F = Female)													一										
06.	06. Marital Status (M = Married / S = Single / D = Divorced / W = Widow(er)																							
07.	Date of death															D	D	M	M	)	/	Υ	Υ	Υ
2.	2. PARTICULARS OF THE QUALIFYING SPOUSE / CLAIMAINT																							
01.	Surname																							
	Surname First Name																							
02.																								
02. 03.	First Name	sed																						
02. 03. 04.	First Name Identity Number																							
02. 03. 04. 05.	First Name Identity Number Relationship to the Decease													 										
02. 03. 04. 05.	First Name Identity Number Relationship to the Decease Postal Address													 										

## 3. CHILDREN'S PARTICULARS

Full name	Date of birth	Relationship to deceased	Name of guardian

4. PARTICULARS OF DECEASED'S PARENTS			
PERSONAL PARTICULARS	1	CONTACT DETAILS (Postal and Residential Address, Telelphone nun	nber)
Father Full names Alive: Yes No			
If deceased, state the date of death			
Mother Full names Alive: Yes No			
If deceased, state the date of death			
5. DOCUMENTS REQUIRED			
Please provide us with <b>original certified copies</b> of the following documents, specified time.	where	needed, to enable us to finalise the claim within	the
DOCUMENTS		D	eath
National Identification Document (Member/Spouse/Guardian(s)/Deper	ndents	/Nominees/Deceased's Parents)	Х
Proof of banking particulars (Member/Spouse/Guardian(s)/Dependents	/Nom	inees/Deceased's Parents)	Х
Certificate of Registration as a Taxpayer for Income Tax			Х
Full Birth Certificates of Qualifying Children			Х
Marriage Certificate / Declaration / Certificate of Traditional Marriage fro Divorce Order	om a re	ecognised Traditional Authority / Final	x
Last Pay Slip/Proof of Back Pay/Calculation Sheet (where applicable)			Х
Death Certificate			Х
Beneficiary Nomination Form			Х
Guardianship Certificate (in case of minor beneficiaries)			Х
Letters of Executorship/Authority (in case of a single member with no be	eneficia	aries and nomination form)	Х
Completed questionnaires by all beneficiaries			Х
6. DECLARATION BY THE CLAIMANT / INFORMAN	Т		
I, the undersigned, do hereby declare that all particulars furnished in this $\boldsymbol{f}$	form a	re true and correct.	
Full Name			
Signature		Date	
7 DECLARATION AND CERTIFICATION (COMMISS	IONE		
7. DECLARATION AND CERTIFICATION (COMMISS		-	
I, the undersigned, hereby certify that all particulars furnished on this form	n are ti	rue and correct.	
Full Names			
Official Designation			
E-Mail Address		Official Date Stamp	
Telephone No.			
Fax No.			
Signature	[	Date	
For Official use only			
Stop Date:			

Signature: .....