



FUNERAL BENEFIT CLAIM FORM effective 01 April 2020

Please send this form to: **African Unity Benefit Solutions** 1st Floor, Forum 3, Braampark Office Park, Braamfontein
Fax: 0864 398 392 | E-mail: psspf@africanunity.co.za | Telephone: 0800 110 885

DOCUMENTS TO ATTACH

- Certified Copy of Death Certificate (Computerised BI-5)
- Copy of Notice of Death/Stillbirth (BI 1663)
- Certified Copy of the Deceased's ID (If Applicable)
- Certified Copy of the Claimant's ID
- Certified Copy of last salary advice (If Applicable)
- Claimant's proof of bank details (Bank Statement stamped by the bank not older than three months)
- Claimant's Proof of relationship to member, either Affidavit or Certified Copy of Marriage Certificate / Customary Marriage Letter (If applicable)
- Supporting Affidavit from a family member confirming the relationship between the Claimant and the deceased. (If Applicable)
- Certified ID Copy of the above mentioned family member
- Contact Details of Funeral Parlour (If Applicable)
- Police/Accident Report in the case of an Accidental Death using Public Transport of the Main Member only

A. MEMBER DETAILS

Name of Employer: _____

Surname: _____ ID Number: _____

Full Name: _____ Date of Birth: yyyy/mm/dd

B. DETAILS OF DECEASED

Surname: _____ Relationship to Member: _____

Full Name: _____ ID Number: _____

Type: Natural Unnatural Accidental Death (using Public Transport) Date of Birth: yyyy/mm/dd

Exact Cause of Death: _____ Date of Death: yyyy/mm/dd

C. DETAILS OF CLAIMANT

Surname: _____ Relationship to Deceased: _____

Full Name: _____ Contact Number: _____

ID Number: _____ Date of Birth: yyyy/mm/dd

Residential /Postal Address: _____

Postal Code: _____

D. BANK ACCOUNT DETAILS OF THE CLAIMANT

Account Holder: Full Name and Surname: _____

Bank Name: _____ Account Number: _____

Branch Name: _____ Branch Code: _____ Account Type: _____

E. DECLARATION BY THE CLAIMANT

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

In the event that the above information is found to be either untrue, false, misleading and/or misrepresenting in any manner, I acknowledge that I may be held liable for any recourse that may occur. I further understand that any false statement or information provided may lead to the disqualification or repudiation of my claim.

African Unity Benefit Solutions (Pty) Ltd is authorised to make payment as instructed and I acknowledge that the payment made by African Unity Benefit Solutions (Pty) Ltd with regard to the Benefit, will release African Unity Life Ltd from any and all liability of such benefit.

Signed at: _____ Date: yyyy/mm/dd

Full Name: _____ Relationship to Member: _____

Contact Number: _____

Claimant Signature: _____

EMPLOYER STAMP