



## DEATH CLAIM FORM:

### ELECTRICAL CONTRACTING INDUSTRY

PENSION

PROVIDENT

LIMITED DURATION

#### 1.EMPLOYER / SCHEME INFORMATION:

NAME OF EMPLOYER/ SCHEME:

OPERATION/ BRANCH:

CONTACT PERSON:

OCCUPATION:

TELEPHONE NUMBER:

#### 2.MEMBER DETAILS:

Member Surname:

First Names:

Date of birth:

/ /

ID Number:

Employee number:

Country of issue

Date of employment:

/ /

Date joined Scheme

/ /

Date of last contribution:

/ /

Member's Salary at incident date

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a) Was the member actively at work on the date he/she became eligible for membership? YES  NO

If not, state reason for absence: \_\_\_\_\_

b) State if actively at work at date of death YES  NO

If not, state date when last at work and reason for subsequent absence:

Date of incident/ death:

/ /

*Underwritten by NestLife Assurance – an Authorised Financial Services Provider: FSP No. 6409 (Registration Number: 1988/703 06/06)*

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### 3. PAYMENT INSTRUCTION:

Please transfer proceeds to the following Bank Account:

<b>ACCOUNT NAME:</b>	
<b>BANK INSTITUTION:</b>	
<b>BRANCH NAME:</b>	
<b>BRANCH CODE:</b>	
<b>ACCOUNT NUMBER:</b>	
<b>ACCOUNT TYPE:</b>	Savings <input type="checkbox"/> Cheque/ Transmission <input type="checkbox"/> Other <input type="checkbox"/> _____

*Note that proceeds shall be paid to the Fund for further distribution to the beneficiary(ies) unless instructed otherwise by the Fund or Authorised Personnel.*

### 6. DECLARATION BY EMPLOYER (Authorised Personnel only):

<p>We hereby certify that information provided herein is true and correct, NestLife Assurance is therefore authorised to make payment to the relevant Fund or as instructed.</p> <p>We further agree that payment as stated above shall constitute full and final discharge to NestLife of its liability in terms of the Fund.</p> <p>Authorised Signatory: _____</p> <p>Designation: _____</p> <p>Date: ____/____/____</p>	<p><b>Employer Stamp:</b></p>
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### Supporting Documents:

- A certified copy of the Death Certificate
- A certified copy of the member's ID
- A copy of a BI-1663 form
- If death is due to unnatural causes, a copy of a Police Report is to be included
- A copy of the member's latest payslip
- Confirmation of banking details
- Any other information that NestLife deems as necessary for the assessment of the claim.