

## FUNERAL CLAIM FORM:

### ELECTRICAL CONTRACTING INDUSTRY

PENSION

PROVIDENT

LIMITED DURATION

#### 1. PARTICIPATING EMPLOYER DETAILS:

**NAME OF EMPLOYER:**

**OPERATION/ BRANCH:**

**CONTACT PERSON:**

**TELEPHONE NUMBER:**

#### 2. MAIN MEMBER DETAILS:

**SURNAME:**

**NAME(S)/  
INITIAL(S):**

**DATE OF BIRTH:**

/ /

**ID  
NUMBER:**

**EMPLOYEE  
NUMBER:**

**COUNTRY  
OF ISSUE**

**MARITAL STATUS:**

Single

Divorced

Widowed

Married

Date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Co-habiting

Since: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

#### 3. DETAILS OF THE DECEASED:

**SURNAME:**

**NAME(S):**

**DATE OF BIRTH:**

**ID NUMBER:**

**RELATIONSHIP TO MAIN MEMBER:**

Main member

Spouse

Child

**DATE OF DEATH:**

/ / (DD/MM/YYYY)

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

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**CAUSE OF DEATH:**

**4. PAYMENT INSTRUCTION:**

*Please transfer proceeds to the following Bank Account:*

**ACCOUNT NAME:**

**BANK INSTITUTION:**

**BRANCH NAME:**

**BRANCH CODE:**

**ACCOUNT NUMBER:**

**ACCOUNT TYPE:**

Savings  Cheque/ Transmission  Other  \_\_\_\_\_

*Please ensure correctness of the above details as NestLife will not be held liable for errors in information supplied.*

**5. DECLARATION BY MEMBER/ CLAIMANT:**

I, \_\_\_\_\_;

ID No.: \_\_\_\_\_;

Relationship to the deceased: \_\_\_\_\_;

hereby apply for a Funeral benefit in terms of the abovementioned policy and further declare that the payment by NestLife in respect of the said benefit will discharge them from any further liability.

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. DECLARATION BY EMPLOYER/ ANY AUTHORISED PERSONNEL:**

I, \_\_\_\_\_  
confirm that the member/ claimant is fully aware of the contents of this form  
and that information provided herein is true and correct.

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer Stamp:**