

# Death claim form

**METROPOLITAN**  
EMPLOYEE BENEFITS



COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK   
IN RESPECT OF A CLAIM FOR DEATH OR FUNERAL BENEFITS.

Scheme name:

Employer name:

Employer branch name or number:  Scheme number:

## A - Member's details

Surname & title:  Member ref. no.:

Alternative surname:  Wage/paysheet no.:

First name & initials:

Identification number:  Date of birth: (dd/mm/yyyy)

\*Income tax number:  \*Revenue office:

Marital status: Married  Single  Divorced  Widowed

Postal address:

Postcode:

\* Information not required i.r.o. a claim for funeral benefits.

## B - Deceased's details

Name of deceased: Surname & title  First name & initials

Relationship to member: Member  Spouse  Child  Parent

Date of death: (dd/mm/yyyy)

Date of last contribution: (dd/mm/yyyy)

Date of birth: (dd/mm/yyyy)

\*Pensionable salary at death:  PM PA

Amount of last contribution:  PM PW

Cause of death:

\* Information not required i.r.o. a claim for funeral benefits.

## C - Disposal of benefits Complete i.r.o. pension; provident & group life schemes only\*\*

Surname, first name, initials & title of dependants or other nominees		Date of birth				Relationship to member	% Share
		D	D	M	M	Y	Y
Postal address	<input type="text"/>						
Postal address	<input type="text"/>						
Postal address	<input type="text"/>						
Postal address	<input type="text"/>						

In terms of Section 37C of the Pension Funds Act, any benefit payable by the scheme in respect of a deceased member will be paid to any one or more of the dependants of the member.

A dependant is a person considered by the trustees of the scheme as being dependent on the member for maintenance or support and includes the spouse or a descendant of the member who, in accordance with the rules of the scheme, may become entitled to a benefit. The trustees must decide on the equitable allocation of benefits to dependants / nominees.

This regulation does not apply to funeral benefits.

\*\*Where pre-retirement widow/er and children's benefits are payable in terms of the scheme rules this section must also be completed



## C - Disposal of benefits continued

Does employer have prior claim? \*\*  Y  N

If Yes, enter amount

Specify reason

The scheme will contravene the Pension Funds Act if an amount that does not fall clearly within the restrictions as stated in the rules is deducted from the death benefit. This regulation does not apply to funeral benefits.

## D - Payment details

To whom is benefit payable?

Dependants/nominees

Member

Scheme

Other

If other, enter name and postal address

Name:

Postal address:



Postcode:

Payment by cheque:

Payment directly into bank or building society account:

Name of bank / building society:

Branch office:

Branch no.:

Bank only

Account number:

Account type:

Transmission, cheque, etc.

Signatures:

member

on behalf of employer / trustees

Where the claim is i.r.o. the member's spouse, child or parent.

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

## NOTES

The following supporting documentation must be submitted:

Death of member:

Original or certified copy of death certificate.

Original or certified copy of marriage certificate where widow/er benefits are payable.

Original or certified copy of birth certificate/s of children where children's benefits are payable.

Form D. (Not for funeral benefits.)

Death of spouse:

Original or certified copy of death certificate.

Original or certified copy of marriage certificate.

Form D. (Not for funeral benefits.)

Death of child:

Original or certified copy of death certificate.

Death of parent:

Original or certified copy of death certificate.

Other dependants or nominees: Original or certified copies of proof of identity.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.

