po box 8417 roggebaai 8012 tel: 0860 00 44 01 fax: 0860 00 44 02



### **DOCUMENTS REQUIRED – SUMMARY**

#### **Retrenchments/Redundancy**

- Duly completed Benefit Claim Form
- Original certified copy of member's Identity Document
- Member's address and contact details
- Member's valid bank details or completed indemnity form
- Member's income tax reference number (if salary is equal to or exceeds R60 000.00)
- Municipality resolution and recommendation
- Proof of payment by Municipality if member has more than 10 years service.
- Proof of prior claim <u>or</u> release letter from the Financial Institution

#### **Withdrawal**

- Duly completed Benefit Claim Form
- Original certified copy of member's Identity Document
- Member's address and contact details
- Member's valid bank details <u>or</u> completed indemnity form
- Member's income tax reference number (if salary is equal to or exceeds R60 000.00)
- Proof of prior claim <u>or</u> release letter from the Financial Institution

#### **Retirement**

- Duly completed Benefit Claim Form
- Original certified copy of member's Identity Document
- Original certified copy of spouse's Identity Document
- Original certified copy of proof of marriage
- Member's income tax reference number
- Members' address and contact details
- Member's valid bank details <u>or</u> completed indemnity form
- Proof of prior claim <u>or</u> release letter from the Financial Institution

## Monthly Income Benefit

- Duly completed Benefit Claim Form
- Original certified copy of member's Identity Document
- Member's income tax reference number
- Member's address and contact details
- Member's valid bank details or completed indemnity form
- Proof of prior claim or release letter from the Financial Institution
- Job description
- Municipality's resolution
- Sick leave record
- Updated detailed medical report from a specialist
- Updated detailed medical report from a doctor
- Reason for late submission (Only when the claim is sent to our office 6 months after the last date the member was actively engaged in his/her occupation.)

## <u>Death</u>

- Duly completed Benefit Claim Form
- Original certified copy of member's Identity Document
- Original certified copy of member's death certificate
- Original certified copy of spouse's Identity Document
- Original certified copy of proof of marriage or affidavit by a family member of the deceased confirming marriage by customary union
- Original certified copies of all children's Identity Documents/proof of age
- Spouse's valid bank and address details or completed indemnity form
- Bank details of all major children
- Proof of study for children older than 18 and still studying
- Nomination of beneficiaries Form (if completed by member prior to his death)
- Proof of prior claim or release letter from the Financial Institution

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# If children are not living with their legal parents

- All above where applicable
- Original certified copy of guardian's Identity Document
- Report from a social worker / court indicating who the guardian is
- Guardian's valid bank and address details

#### If the deceased was single without dependents

- All above where applicable
- Original certified copy of executor's Identity Document
- Original certified copy of certificate of appointment as executor
- Letter from executor confirming whether the estate is solvent or insolvent and the amount required to make the estate solvent

IF THE DECEASED WAS SINGLE WITH NO DEPENDENTS OR BENEFICIARIES THE BENEFIT WILL BE PAID TO THE DECEASED MEMBER'S ESTATE **12** MONTHS AFTER DATE OF DEATH, ON RECEIPT OF ALL THE CORRECT DOCUMENTATION

## Please note:

All claims will be returned not compliant with the above checklist OR benefit claim form. All copies must be certified as true copies of the originals. Faxes are not acceptable.