

Family Funeral and Family Support Claim Form

(To be completed by the Human Resources Manager)

FOR

**SOUTH AFRICAN LOCAL AUTHORITIES PENSION FUND
MEMBERS**



NOTE: The completed Family Funeral and Family Support Claim Form and supporting documents (refer to Checklist) to be faxed by the Employer to:

Prosperity Management *Africa* (Pty) Ltd: **Fax no 0866840305**

IMPORTANT NOTES AND CHECKLIST:

- Family Funeral and Family Support Claims must be submitted to Prosperity within 12 months from date of death of the Member/Dependent;
- This Claim document and Checklist is to be completed by the Employer;
- Attach / include all the documents required as per the Checklist hereinafter;
- Please complete ALL questions – if a question is not applicable please mark “N/A” or “Unknown”;
- Information can be filled in by hand or electronically;
- For any queries please contact the Prosperity Help Desk on (021) 913 0116.

<u>CHECKLIST</u> DOCUMENTATION REQUIRED BY PROSPERITY	Family Funeral and Family Support Claim Form Ref. No 300 – Completed by the Employer	
	Certified copy of the Claimant’s Identity Document (Commissioner of Oaths or SAPS)	
	Copy of Member’s Latest Payslip	
	Certified Proof of Relationship of a Spouse or Child to the Member (Marriage/ Birth Certificate, Adoption Papers)	
	Mandate for Payment of Family Funeral and Family Support Benefit	
	Certified Copy of the Notification/ Register of Death (83/BI – 1663)	

1. PLAN DETAILS

Fund Name	SALA PENSION FUND	Pension Number	
Employer/ Council Name		Province/ Region	
Contact Number			

2. MEMBER’S PERSONAL DETAILS

Surname		Initials	
Date of Birth (YYYYMMDD)		Title	
ID Number			

3. DECEASED PERSONAL DETAILS

Surname		Initials	
Date of Birth (YYYYMMDD)		Title	
ID Number		Relationship to Member	
Family Funeral and Family Support Benefit Payable to:			

4. CONFIRMATION OF PAYMENT

Indicate to who Prosperity needs to confirm payment:

Surname & Full Names			
E-mail Address			
Postal Address			
		Postal Code	
Fax Number	Code		
Phone Number	Code		

6. DECLARATION AND AUTHORITY TO PAY CLAIM

I/we the undersigned on behalf of the Employer, in my/our capacity as _____
and duly authorised to make this declaration, hereby declare:

- i. That the person whose death gave rise to this claim has in fact died and was in fact a legitimate Member of the SALA Pension Fund.
- ii. That payment of the proceeds due in respect of the above Member in terms of the afore-mentioned fund shall represent the full and final discharge of Prosperity Management *Africa* (Pty) Ltd's liability in respect of the Family Funeral and Family Support Benefits for this Member under the said Fund.
- iii. That any act of dishonesty or fraud in relation to this claim will nullify any entitlement to a benefit.

Signed at _____ on this _____ day of _____

Print Name

Signature