



Death claim form

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



METROPOLITAN
EMPLOYEE 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: Date of birth:

Identification number: (dd/mm/yyyy)

*Income tax number: *Revenue office:

Marital status: Married Single Divorced Widowed

Postal address:

Postcode:

Date of joining the employer? Date of joining the Fund?

Was the member "actively-at-work" at the date of joining the Fund as well as at the date of the last increase in cover? Yes No

Last day at which the member was actively-at-work? * Information not required i.r.o. a claim for funeral benefits.

B - Deceased's details

Surname & title		First name & initials	
Name of deceased: <input type="text"/>		<input type="text"/>	
Relationship to member: Member <input type="checkbox"/> Spouse <input type="checkbox"/>		Child <input type="checkbox"/> Parent <input type="checkbox"/>	
Date of death: (dd/mm/yyyy) <input type="text"/>	*Pensionable salary at death: <input type="text"/>		PM PA
Date of last contribution: (dd/mm/yyyy) <input type="text"/>	Amount of last contribution: <input type="text"/>		PM PW
Date of birth: (dd/mm/yyyy) <input type="text"/>	Cause of death: <input type="text"/>		

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



C - Disposal of benefits**

Surname, first name, initials & title of dependants or other nominees	Date of birth				Relationship to member	% Share	
	D	D	M	M			Y
Postal address					Postcode		
Postal address					Postcode		
Postal address					Postcode		
Postal address					Postcode		

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.

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: <input type="text"/>	Where the claim is i.r.o. the member's spouse, child or parent. <input type="text"/>
claimant/beneficiary	Member or on behalf of employer / trustees
Date (dd/mm/yyyy) <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>

I hereby declare that the information furnished above is true and correct. I further indemnify Metropolitan Life Ltd against any action and/or liability that may arise as a result of any error or incorrect information supplied herein.



NOTES

The following supporting documentation must be submitted:

Death of member:	Original or certified copy of death certificate.	<input type="checkbox"/>
	Original or certified copy of marriage certificate where widow/er benefits are payable.	<input type="checkbox"/>
	Original or certified copy of birth certificate/s of children where children's benefits are payable.	<input type="checkbox"/>
	Original or certified copy of the ID for the member and the spouse (where spouse's benefits are payable.)	<input type="checkbox"/>
	Original or certified copy of the member's latest salary statement.	<input type="checkbox"/>
	Original or certified copy of the member's latest income tax assessment provided by the Receiver of Revenue (only applicable to claimants submitting annual tax returns.)	<input type="checkbox"/>
	Form D (not for funeral benefits).	<input type="checkbox"/>
Death of spouse:	Original or certified copy of death certificate.	<input type="checkbox"/>
	Original or certified copy of marriage certificate.	<input type="checkbox"/>
	Original or certified copy of the ID for both the member and the spouse.	<input type="checkbox"/>
	Form D (not for funeral benefits).	<input type="checkbox"/>
Death of child:	Original or certified copy of death certificate.	<input type="checkbox"/>
	Original or certified copy of the ID for both the member and the child. If the surnames are different, an affidavit is required from both parents.	<input type="checkbox"/>
Death of parent:	Original or certified copy of death certificate.	<input type="checkbox"/>
	Original or certified copy of the ID for both the member and the parent as well as the member's marriage certificate in respect of a death of a parent-in-law.	<input type="checkbox"/>
Other dependants or nominees:	Original or certified copies of proof of identity.	<input type="checkbox"/>
	Original or certified copy of the ID.	<input type="checkbox"/>

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

