



**ENGINEERING INDUSTRIES PENSION FUND /
METAL INDUSTRIES PROVIDENT FUND**

Call Centre No: 0860 102 544
Website: www.mibfa.co.za

F 2
RETURN TO
BUS M2

P O Box 7507
Johannesburg, 2000 /
42 Anderson Street,
Johannesburg, 2000
Email: pensions@mibfa.co.za

**APPLICATION FOR PAYMENT OF BENEFITS UPON DEATH OF A
MEMBER/BENEFICIARY OR DEPENDENT**

DECEASED DETAILS:

Name of Deceased (as per ID):
Date of Birth: Identity Number:
Old reference book No. or passport No. (if applicable):
Marital Status: Date of Death:

APPLICANT DETAILS:

Name of Applicant (as per ID):
Date of Birth: Identity Number:
Old reference book no. or passport no. (if applicable):
Relationship to deceased:
Postal Address: Physical Address:

Postal Code: Postal Code:
Email Address:
Tel No.(H) Cell no. Tel No. (W)

LIST OF OTHER DEPENDANTS OF DECEASED:

NAME (in full)	RESIDENTIAL ADDRESS AND POSTAL CODE	AGE	RELATIONSHIP TO DECEASED	TELEPHONE NUMBER

EXECUTOR DETAILS (TO BE COMPLETED WHEN PAYMENT IS DUE TO THE ESTATE):

Magistrate (where Estate is registered):
Name of Executor (as per ID):
Tel No. (H) Cell no. Tel No. (W) Fax No.
Email address:

PLEASE NOTE:

Copies of the following documents would assist in speeding up the processing of your application:

- Copies of Deceased's Identity Document and Death Certificate,
- Copy of Applicant's Identity Document,
- Letter of Authority from Magistrate Court, and Proof of Appointment of Executorship,
- Attached bank mandate with Estate bank details and bank statement or account confirmation of Account

CONSENT: I agree that the Metal Industries Benefit Funds Administrators (MIBFA) may collect, use, disclose and otherwise process my personal information, as contained in this application form, or as otherwise collected through my participation in either the Engineering Industries Pension Fund or the Metal Industries Provident Fund, for the specific purpose of processing payment of, and an application for payment of benefits. By completing and signing this application form, I further agree that MIBFA may take steps to verify specific personal information relating to me and, for this purpose, may obtain my personal information form, or verify my personal information with, amongst others, previous employers, banking institutions, the South African Revenue Services, and medical professionals.

Signature or mark of Applicant: _____ Date: _____
*Thumbprint if applicant cannot sign