

**ENGINEERING INDUSTRIES PENSION FUND /
METAL INDUSTRIES PROVIDENT FUND****RETURN TO
BUS M2**Call Centre No: 0860 102 544
Website: www.mibfa.co.zaP O Box 7507
Johannesburg, 2000 /
42 Anderson Street,
Johannesburg, 2000Email: pensions@mibfa.co.za**APPLICATION FOR TRANSFER OF PENSION TO SPOUSE
UPON DEATH OF A PENSIONER****DECEASED DETAILS:**Name of Deceased (as per ID): Date of Birth: Identity Number: Old reference book No. or passport No. (if applicable): Marital Status: Single Married Widowed Divorced Date of Death: **SPOUSE'S 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 DEPENDENTS OF DECEASED:**

(ALL DEPENDENTS TO BE LISTED, INCLUDING APPLICANT IF DEPENDENT ON DECEASED)

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

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,
- Attached Bank Mandate.
- Recent Bank Statement
- Marriage certificate.
- If Common Law Marriage we require Affidavit from third parties stating that you were living together more than 6 months.
- Divorce decree or Death Certificate if member re-married from the previous spouse.

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 from, 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

(NO ALTERATIONS OR TIPPEX ARE PERMITTED)