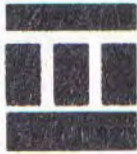


# Metal Industries Benefit Funds Administrators



**ENQUIRIES**  
 METAL INDUSTRIES HOUSE  
 27 FREDERICK STREET  
 JOHANNESBURG  
 2001

METAL INDUSTRIES HOUSE  
 42 ANDERSON STREET  
 JOHANNESBURG  
 2001

P.O. BOX 7507  
 JOHANNESBURG 2000  
 TELEPHONE 870-2000  
 FAX 870-2385

**RETURN TO BU M2**

## TRANSFER OF PENSION TO WIDOW / NEXT OF KIN UPON DEATH OF PENSIONER

Name of Deceased (in full) \_\_\_\_\_

Identity number ..... 

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Date of Retirement ..... 

Day	Month	Year
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Date of Death ..... 

Day	Month	Year
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Income Tax Reference No. .... 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Revenue Office to which last Tax Return rendered \_\_\_\_\_

Name and address of Executor/Executrix of Estate of Deceased (if appointed) \_\_\_\_\_

**LIST OF DEPENDANTS OF DECEASED**  
 (ALL DEPENDANTS TO BE LISTED, INCLUDING APPLICANT IF DEPENDANT ON DECEASED)

NAME IN FULL	ADDRESS AND POST CODE	AGE	RELATIONSHIP

I, \_\_\_\_\_ Tel no \_\_\_\_\_ Fax no \_\_\_\_\_  
(Full names of applicant)

of \_\_\_\_\_ Postal Code \_\_\_\_\_  
(Full address)

request that all correspondence be addressed to me in the \_\_\_\_\_ language (state English, Zulu etc.)  
 and do hereby make oath and say:

- (i) That the deceased was my (state relationship to deceased); \_\_\_\_\_
- (ii) That the Estate of the deceased is solvent;
- (iii) That the dependants listed above are the only dependants of the deceased;
- (iv) That I am the deponent mentioned above;
- (v) That all the information given on this application form is true;
- (vi) That I authorise the Fund to deposit any benefits due into my PERSONAL banking account, the details of which are reflected on the BANK MANDATE appearing on the reverse of this document.

**ATTENTION:** NO CHEQUES WILL BE REMITTED VIA THE POSTAL SERVICE. THE FUND ASSUMES THE RESPONSIBILITY OF DEPOSITING PAYMENTS DIRECTLY INTO YOUR PERSONAL BANKING ACCOUNT AS REFLECTED OVERLEAF.

**Signature or Mark of Applicant**