



Engineering Industries Pension Fund

Metal Industries Provident Fund

ENQUIRIES:
METAL INDUSTRIES HOUSE
27 Frederick Street
Johannesburg
2001

PLEASE TICK **RELEVANT FUND**
42 Anderson Street
Johannesburg
2001

P.O. Box 7507
Johannesburg 2000
Tel No. 870-2000
Fax: (011) 870-2389/90 / 2242/2388
Call Centre No. 086 010 2544
Website: http://www.mibfa.co.za
E-mail: DeathQueries@mibfa.co.za

Application for Death Benefits

If assistance is needed to complete these forms please contact either the Employer, Trade Union, Fund's Office or the Regional Office of the Bargaining Council

NOTE TO EMPLOYER:

If this form is completed with the assistance of the Employer (HR/Wages Department), please insert contact details:

NAME: **TELEPHONE NUMBER:**
FAX: **E-MAIL ADDRESS:**

Application is hereby made for benefits under the Rules of the Fund in respect of the death of:

FIRST NAMES: _____ **SURNAME:** _____

Deceased's Identity number/ Passport number
(If not RSA resident)

Marital Status of Deceased (place cross in block which applies) **MARRIED** **SINGLE** **WIDOWED** **DIVORCED**

(If married, or divorced, Marriage or Customary Union Certificate or Divorce Order must be attached. * These documents must be certified as true copies of the originals. If Customary Marriage Certificate is unavailable, or a Customary Marriage/ Live-in Relationship existed please complete Annexures B).

Date of Death (Certified copy of Death Certificate must be attached) **DD** **MM** **YY**

Cause of death/Notice of death/Police Report for Unnatural Causes _____

Income Tax Reference No.

APPLICANTS DETAILS:

Full Names: _____ **Identity Number:** _____

Unit No: _____ **Street no and name:** _____ **Complex:** _____

Suburb/District: _____ **City / Town:** _____ **Country:** _____

Postal Code: _____ **Cell no:** _____ **Tel no (h) (w):** _____ **Email:** _____

LIST OF DEPENDANTS OF DECEASED (ALL dependants to be listed including minor children)

NOTE: Major dependants i.e. children over 18, parents and siblings etc. are to complete a separate Application Form & Bank Mandate

NAME (in full)	ADDRESS AND POST CODE	AGE	RELATIONSHIP to deceased	TEL NO.

LIST OF NOMINEES OF DECEASED (SUPPLY EVIDENCE OF NOMINATION FORM SIGNED BY DECEASED)

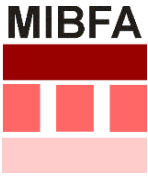
NAME (in full)	ADDRESS AND POST CODE	AGE	RELATIONSHIP to deceased	TEL NO.

Birth Certificates/Identity Documents of each of the dependants listed above must be attached. (Temporary Identity documents are not acceptable).

I do hereby make an oath and say:

- (i) That the deceased was my (state relationship to deceased); _____
- (ii) That all the information given on this application form is true, No alterations or tippex on any of the documents will be permitted
- (iii) The services offered by the Metal Industries Benefit Funds Administrators (MIBFA) are free of charge and we do not send out officials to personally consult with dependants at their home or place of work regarding their claim, unless prior arrangements have been made.

CONSENT: I agree that the Metal Industries Benefit Funds Administrators (MIBFA) may collect, use, disclose and otherwise process my – and the deceased member’s – personal information, as contained in this application form or as otherwise collected through the member’s 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 death 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 – and the deceased member’s – personal information with, amongst others, previous employers, banking institutions, the South African Revenue Service, and medical professionals.



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MANDATE FOR PAYMENT OF BENEFIT TO BANK
NO ALTERATIONS OR TIPPEX WILL BE ACCEPTED

A. DEPENDANT'S DETAILS

(1) Surname of dependant																				
(2) Maiden name																				
(3) First name																				
(4) Identity Number (Identity Document to be produced)																				

B. DETAILS OF DEPENDANT'S ACCOUNT - To be verified by Bank official as correct and active/current.

(1) Name of Bank																				
(2) Address of Bank																				
(3) Name of Branch																				
(4) Branch Code (To be supplied by Bank)																				
(5) Account Number																				
(6) Type of Account																				

- 1) THE APPLICANT'S IDENTITY DOCUMENT MATCHES/DOES NOT* MATCH ID COPY HELD AT THE BANK Y N
 2) ATTACH A COPY OF THE APPLICANTS BANK STATEMENT (NOT OLDER THAN 3 MONTHS)

.....
SIGNATURE OF ACCOUNT HOLDER
 * Thumbprint if applicant cannot sign

.....
FULL NAMES OF BANK OFFICIAL

.....
SIGNATURE OF BANK OFFICIAL

.....
DATE

STAMP OF BANK

CERTIFICATE OF SERVICE – FROM LAST EMPLOYER IN METAL INDUSTRIES

State name and address of employer.
(To be imprinted with Firm's rubber stamp)

Company Ref No:

This is to certify that the particulars as mentioned hereunder are a true record of the employment with this Company of:

Employee name (in full): Employee's Tax No:

Identity No: Co No: Occupation:

Date of Engagement: Date of Discharge from Company Records:

Actual period of employment as contributor to MIBFA Fund: From to

Period of employment on Company's Pension/Provident Fund: From to

Reason for termination of employment:

Please tick

- | | | | |
|--|---|---|--|
| * Death <input type="checkbox"/> | Retirement <input type="checkbox"/> | Medical Incapacitation <input type="checkbox"/> | Retrenchment Redundancy <input type="checkbox"/> |
| Resignation / Dismissal <input type="checkbox"/> | Contract Expired <input type="checkbox"/> | Other (ie absconded) <input type="checkbox"/> | |

"Remuneration" at date of termination of employment

WEEKLY PAID EMPLOYEE

R..... per week

MONTHLY PAID EMPLOYEE

R..... per month

"Remuneration" means the actual wages payable to the employee each week in respect of the ordinary hours worked by such employee in the shifts of the establishment concerned during such week including moneys payable in terms of any agreement or under any law, but excluding amounts paid in respect of overtime, shifts or other allowances and holiday leave bonuses.

Breakdown of the contributions for last 3 months employment. Include contributions for any outstanding leave pay.

Shifts worked and contributions paid for the last three months worked prior to death (as per contribution return)	OPEN DATE	CLOSE DATE	SHIFTS WORKED	HOURLY / MONTHLY RATE	NO. OF HOURS	LEAVE PAY

NB!

DID THE DECEASED COMPLETE A BENEFICIARY NOMINATION FORM? Y N

IF YES, PLEASE FORWARD A COPY THEREOF

* PLEASE SUPPLY COPIES OF MEDICAL CERTIFICATES IF MEMBER WAS OFF WORK PRIOR TO DEATH BECAUSE OF ILLNESS / INJURY ETC.

* DID COMPANY APPLY FOR SICK PAY FUND? IF SICK LEAVE HAS EXHAUSTED Y N PLEASE SUPPLY COPIES / SUPPORTING DOC'S

* DID COMPANY APPLY FOR PDS? Y N

.....
DATE

.....
FOR AND ON BEHALF OF EMPLOYER

PENSION AND PROVIDENT FUNDS - FORM 'D'

To be completed by the member's employer in all cases where Form 'A' is applicable and submitted by the Trustee/ Administrator / Insurer of the Fund in conjunction with Form 'A' to the taxpayer's Receiver of Revenue.

Name of Employer : _____

Address of Employer : _____

1. Employee's Surname : _____

Employee's First Names : _____

Employee's Identity no. : _____

Employee's Tax no. : _____

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership of the Fund.

<u>Year</u>	<u>Salary</u>
20____ - - - - -	R _____ p.a.
20____ - - - - -	R _____ p.a.
20____ - - - - -	R _____ p.a.
20____ - - - - -	R _____ p.a.
20____ - - - - -	R _____ p.a.
Total	R _____

Average for the 5 years or lesser period if employee employed for lesser period R _____.

3. Thrice the salary during 12 months immediately preceding death R _____.

Note: For the purpose of questions 2 and 3, "Salary" includes any amount received or receivable annually under a contract of service as also cost of living allowances, commission, share of profits, etc., but not occasional bonuses or fees which were dependent on the whim of the directors or employer.

Certified correct to the best of my knowledge and belief.

Date: _____

Manager / Secretary

DECEASED'S FULL NAME: _____ ID NO: _____

In terms of Section 37 (C) of the Pension Fund's Act, the following additional information is needed to assist in determining dependants and the distribution of the benefits:

1. Was the deceased previously married? **YES** **NO** . If **YES**, please supply the name and residential address of the ex-spouse/s and a copy/copies of either the Divorce Order/s or the ex-wife's Death Certificate/s if applicable.

2. If deceased was divorced did he/she remarry after his/her divorce? **YES** **NO** . If **YES**, please supply the spouses' name and residential address if different to the spouse mentioned on page 1

3. Did the deceased have any other children (before marriage)? **YES** **NO** . If **YES**, supply details of the children's names, residential addresses and birth certificates.

Name and residential address of children's parents / guardians and guardian's relationship to deceased:

4. Was the deceased required to pay any child maintenance? **YES** **NO** .
If **YES**, please supply a certified copy of the Maintenance / Divorce Order.

5. Are any of the deceased's minor children being cared for by someone other than their mother? **YES** **NO** .
If **YES**, please arrange for guardian to complete Annexure 'C' where necessary and provide details of their names and residential addresses.

6. Are there any major (ie. Over 18 years old) dependants listed on page 1 other than the widow?

YES **NO** . If **YES**, please arrange for each to complete Annexure 'D' and provide details of their names and residential addresses.

Is there a Last Will and Testament? **YES** **NO** . If **YES**, supply a copy.

Has the deceased's Estate been registered? **YES** **NO** . If **YES**, supply name and address of Executor.

7. Is the deceased's Estate solvent? – Are there funds available? Has all of the deceased's debts been settled
YES **NO**

8. If member died as a result of illness / injury and was ill or unemployed at date of death, please supply copies of all medical certificates on hand.

9. Did the deceased belong to a Trade Union? **YES** **NO** . Which one? _____

10. If widow has remarried, please supply a copy of her current marriage certificate.

11. If there is any further information that may assist the Trustees in making a fair distribution of the benefit please provide the details on Annexure 'E'.

SIGNATURE OF APPLICANT

DATE

NOTE WELL :

- (i) NO ALTERATIONS OR TIPPEX ON ANY OF THE DOCUMENTS WILL BE PERMITTED

**AFFIDAVIT RE: LOBOLA/CUSTOMARY MARRIAGE AND/OR
LIVE-IN RELATIONSHIP**

(To be completed if there was a mutual agreement between the families and if the customary marriage/ Live-in Relationship was concluded).

1. I the undersigned, _____ Identity Number: _____
(Please attach a copy of Identity Document)
 Address: _____
 _____ Tel No. _____ Cell No. _____

solemnly declare as follows:

- a. The deceased (**name**): _____
 Identity Number: _____ was my husband wife
- b. **Lobola** *(Where Applicable To Indigenous African Cultural Customs)* in terms of (**amount or cattle**) _____
 was paid to the bride's family on the yyyy / mm / dd at _____ (**place of marriage**).
- c. I was the only/first/second wife/husband of the deceased and we were never separated from each other.
- d. The Deceased and I lived as man and wife from: yyyy / mm / dd To: yyyy / mm / dd
- e. From the relationship/marriage _____ children were born namely:

Names:	Identity Number:
1.1. _____	_____
1.2. _____	_____
1.3. _____	_____
1.4. _____	_____

2. Witnesses:

2.1. Witness from the **Groom's Family**: *(i.e. parents or siblings sharing the same surname as the Groom).*

Names: _____ ID NO: _____ Cell No: _____
(Please attach a copy of Identity Document)
 Address: _____

Relationship to the Deceased: _____ Signature Of Witness: _____

2.2. Witness from the **Bride's Family**: *(i.e. parents or siblings sharing the same surname as the Bride).*

Names: _____ ID NO: _____ Cell No: _____
(Please attach a copy of Identity Document)
 Address: _____

Relationship to the Bride: _____ Signature Of Witness: _____

I know and understand the contents of this affidavit that the facts herein are to the best of my knowledge true and correct and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF APPLICANT

Signed and sworn before me at (PLACE) _____ on this _____ day
 of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged the fact that he/she knows
 and understands the contents of this affidavit.

AFFIDAVIT BY GUARDIAN
RE: CARING AND MAINTENANCE OF
MINOR/S DEPENDENT ON THE DECEASED

I the undersigned (**name**), _____

Identity Number: _____
(Please attach copy of Identity Document)

Residential Address: _____

_____ Tel No: _____ Cell No. _____

do hereby make an oath and say that:

1. The deceased (**full names**): _____

Identity No : _____ was my _____ (**state relationship**)

2. I further confirm that I am caring and maintaining for the deceased's minor dependents as listed below:
 *ie. Younger than 18 years of age.

NAME	AGE	DATE OF BIRTH

3. **IF YOU ARE NOT THE CHILD/CHILDREN'S MOTHER DO YOU KNOW** the whereabouts of the **CHILD/CHILDREN'S MOTHER/S?**

YES NO

3.1 If **YES**, kindly provide names, addresses and contact numbers of the whereabouts of the parent/s and the reason why they are not caring for their child/children.

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct, and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at (place) _____ on this _____ day of
(MONTH) _____ **(YEAR)** _____, by the deponent who has acknowledged that he/she knows and understands
 the contents of this affidavit.

COMMISSIONER OF OATHS

COMMISSIONER'S STAMP

NOTE: Commissioner of Oaths are available at any Police Station, Post Office, the Office of any Attorney, or at the Fund's Office or a Tribal Chief or Induna.

AFFIDAVIT BY MAJOR DEPENDANT

(Daughter, son, mother, father, sibling etc.)

I (full names): _____ Identity Number: _____

(Please attach a copy of Identity Document)

Residential Address: _____

Postal Code: _____ Tel. No. (H) _____ Cell No. _____

do hereby make an oath and say that:

1. The Deceased (full names) _____ I.D. No. _____
was my _____ (State relationship).

2. I was dependant on the deceased at date of his death for the following :

SCHOOLING _____	R _____ pm
RENT _____	R _____ pm
MEDICAL AID _____	R _____ pm
OTHER _____	R _____ pm
Total	R _____ pm

3. At the member's date of death I was employed at _____ (Tel no.) _____
at a salary/wage of R _____ per week/per month.

4. Are you aware of any other **dependants, wives** or **children**? YES NO

If Yes, state names and residential address:

NAMES	ADDRESS	RELATIONSHIP TO DECEASED

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct, and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at (place) _____ on this _____ day
of (MONTH) _____ (YEAR) _____, by the deponent who has acknowledged that he/she knows
and understands the contents of this affidavit.

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COMMISSIONER'S STAMP

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AFFIDAVIT

I, (NAME): _____

ID NO: _____
(Please attach copy of Identity Document)

Residential Address: _____
_____ Tel No: _____ Cell No. _____

do hereby make an oath and say that: the deceased (full names) _____

Id No: _____ was my _____ (state relationship)

I further state that:

I know and understand the contents of this affidavit, that the facts herein are to the best of my knowledge true and correct, and I have no objection in taking the prescribed oath which I consider to be binding on my conscience.

SIGNATURE OF DEPONENT

Signed and sworn before me at (place) _____ on this _____ day of
(MONTH) _____ (YEAR) _____, by the deponent who has acknowledged that he/she knows and understands
the contents of this affidavit.

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COMMISSIONER'S STAMP

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DISPOSAL OF LUMP SUM DEATH BENEFITS:

In terms of Section 37 © of the Pension Funds Act, a member's dependants and persons who are not dependants but who are nominated by the member must be taken into account by the Trustees when they decide in what shares lump sum benefits are to be paid on the death of a member of a registered pension or provident fund.

The Fund shall within 12 months of the death of the member, endeavour to trace all dependants/nominees and shall pay benefits to same or all of such dependants/nominees in proportions as may be deemed equitable by the Trustees. In the absence of any dependants/nominees the benefit will be paid to the Estate.

Briefly, the position is as follows:

- (a) the following categories of persons will be dependants:
 - (i) persons for whose maintenance the member is legally liable;
 - (ii) persons whom the Trustees consider to have been dependant upon the member at the time of his/her death;
 - (iii) the spouse and children (both minor and major) of the deceased member; and
 - (iv) persons for whose maintenance the member would have become legally liable if he or she had not died (for example an unborn child);
- (b) if there are dependants and no nominees, payment must be made to - or for the benefit of - one, some, or all of those dependants in such proportions as the Trustees shall determine;
- (c) if there are no dependants but the member has nominated one or more persons who are not dependants to receive part or all of the benefit, then such nominees only receive payment of benefits after debts in the deceased estate have been paid, if the member's estate is insolvent;
- (d) if there are dependants and the member has nominated one or more persons who are not dependants to receive part or all of the benefit, the Trustees shall determine the proportion which is to be paid to each dependant and the proportion to each nominee (a nil proportion may be allocated);
- (e) only if there are no dependants, and then only to the extent that payment is not due to a nominee, shall any balance remaining be paid to the deceased member's estate, or, where appropriate, the Guardian's Fund;
- (f) Trustees have the right to pay to a trust for the benefit of a minor dependant or minor nominee or to pay the lump sum in the form of instalments over a period of time;
- (g) if there are both dependants and nominated beneficiaries, such nominations must have been made on or after 30 June 1989. Nominations made prior to that date are not valid.
- (h) lump sums can be paid in the form of instalments over a period of time to major dependants or nominees, if agreed in writing by the dependant or nominee.

- NOTES:**
- (i) any income tax payable will be deducted before lump sum benefits are allocated to dependants and nominees;
 - (ii) the fact that a person is classified as a dependant or nominee does not mean that the Trustees must award him or her any benefit from the fund;
 - (iii) an institution (e.g. an old-age home) can be chosen as a nominee;
 - (iv) the requirements set out above do not apply to pensions payable to spouses or dependants in terms of specific provisions of the rules: such pensions are payable as described in the rules;
 - (v) the requirements set out above do not apply to free-standing Group Life Assurance Funds;
 - (vi) prior to 19 April 1996 major children did not automatically qualify as dependants.