45902

DEATH CLAIM FORM

METROPOLITAN
RETIREMENT ADMINISTRATORS

TO BE COMPLETED BY EACH POSSIBLE CLAIMANT

CLAIMANT'S DETAILS

Member Code

Title ☐ Adv ☐ Dr ☐ Capt ☐ Prof ☐ Ms ☐ Mrs ☐ Mr ☐ Miss ☐ Me

Surname

Initials

Identity Number

Passport Number

Relation to deceased (Attach Proof)

Spouse ☐ Guardian ☐

Child ☐ Nominee/Other ☐

Ex Spouse ☐

Date Of Birth (dd/mm/yyyy)

Income Tax Number

Other Specify

Date Of Marriage(dd/mm/yyyy)

Date Of Cohabitation (dd/mm/yyyy) (If applicable)

Date Of Divorce (dd/mm/yyyy)

Date Of Adoption (dd/mm/yyyy) (If applicable)

Contact Tel No

Contact Fax No

Email

Contact Address

Postal Code

Completed documents to be forwarded to:
Postnet Suite No.388, Private Bag X30500, HOUGHTON, 2041

45902

DETAILS OF GUARDIAN/PARENT (If Claimant is a minor)

Title ☐ Adv ☐ Dr ☐ Capt ☐ Prof ☐ Ms ☐ Mrs ☐ Mr ☐ Miss ☐ Me

Surname

Initials

Identity Number

Passport Number

Home Tel No

Date Of Birth (dd/mm/yyyy) / /

Contact Address

Postal Code

CLAIMANT BANKING DETAILS

Name of the Account Holder

Bank Name

Branch Code

Account Number

Account Type

☐ Cheque ☐ Savings ☐ Transmission

DECLARATION BY CLAIMANT

Surname

First Name

ID Number/Passport

I hereby declare that all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of underaged (18 years) child ☐

Claimant's Signature

Date (dd/mm/yyyy) / /

IMPORTANT

Guardian must attach proof of guardianship for children under 18 years of age.