



Death Benefit Application

(Death Benefit can not be paid if Retirement Benefit has been paid).

FULL NAME AND DETAILS OF DECEASED:

SURNAME

Mr/Mrs/Miss/Ms

FORENAME

ADDRESS

FACTORY WHERE CONTRIBUTIONS WERE PAID

DATE LAST PAID

DATE SHOWN ON DEATH CERTIFICATE

PLEASE PROVIDE A COPY OF THE DEATH CERTIFICATE.

FULL NAME AND DETAILS OF CLAIMANT:

SURNAME

Mr/Mrs/Miss/Ms

FORENAME

ADDRESS

RELATIONSHIP TO DECEASED

SIGNATURE OF CLAIMANT

FOR HEAD OFFICE USE ONLY:

MEMBERSHIP NUMBER

CLAIM CHECKED BY

DATE PAID

CHEQUE NUMBER

