



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

NOTIFICATION OF CLAIM FORM

TO BE COMPLETED BY EMPLOYER USING BLOCK LETTERS OR TICK [✓] WHERE APPLICABLE.

A CLAIM DETAILS

Type of claim	Retrenchment*	Resignation*	Dismissal*	Retirement
	Waiting period*	applies	is waived	
	Resignation with re-employment by another participating employer with the Fund.			Death
	Lump Sum Disability	Disability Income	Dread Disease	
	Death: Advance for funeral expense	Funeral i.r.o member	Funeral i.r.o. family member	

B MEMBER DETAILS

Employer / Cost Centre			Company Ref. No	
Title, Initials, Surname	Title	Initials	Surname	
First Name			Date of Birth	DD / MM / YYYY
Identity number	ID			Other: Passport No
Contact Number			Email Address	
Income Tax Number		*Please note that the tax number is mandatory and no benefit will be processed if this number is missing.	Revenue Office	
Claim date	DD / MM / YYYY	Date on which employment terminated	DD / MM / YYYY	
Date of last contribution	DD / MM / YYYY	Full pensionable salary at date of termination	N\$ pm	
Total amount of last member and employer contributions	N\$ pm	total Member	N\$ pm	total Employer
Annual Salary for current tax year at Date of Exit (required by the Receiver of Revenue)			N\$	

C HOUSING LOAN

Does the employer wish to claim in terms of the Rules of the Fund for outstanding housing loan collateral granted to the member by the employer?	No	Yes	Amount outstanding at date of termination	N\$
			If yes, please attach confirmation of the collateral.	
Has the member an outstanding housing loan granted in terms of the Pension Fund backed housing loan scheme?	No	Yes	If yes, please complete:	
			Name of Bank:	FNB/SBN
			Housing Loan Account No:	

Initials

D CLAIM BY EMPLOYER

Does the employer have a claim against the member in terms of the Pension Funds Act 1956 Section 37D due to damage caused by the member's theft, dishonesty, fraud or misconduct?	No	Yes	If yes, please provide the judgment in respect of compensation or Fund admission of guilt and liability form.
Must membership be suspended until the case against the member has been finalised?	No	Yes	If yes, the member will continue to be covered for death and disability benefits for a maximum period of 12 months from claim date and membership will only cease thereafter.

Note: No other debt deduction from a member's benefit is allowed in terms of Pension Funds Act 1956 Section 37D. Other arrangements with the member will have to be made for repayment of such debt.

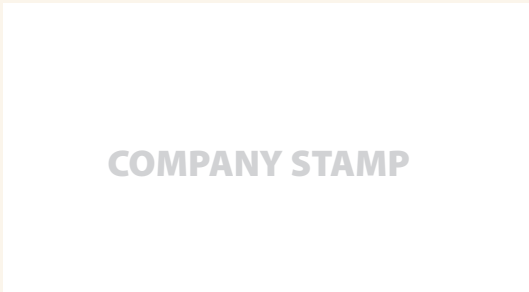
E AUTHORISED EMPLOYER SIGNATURE

I confirm that the above information accurately reflects the details of the claim.

Name

Signature

Date



F DOCUMENTS AND FORMS

TYPE OF CLAIM	DOCUMENTS
All claims	<p>This claim form duly completed and signed by the employer to be provided as soon as possible</p> <p>Note:</p> <ul style="list-style-type: none">Documents and forms as listed below can be provided at a later stage but not later than 6 months after claim date.Underwriters will not accept claims for risk (death / disability / funeral and dread disease) benefits if submitted later than 6 months after claim date.ID refers to Identity Document or other means of identification e.g. passport or birth certificate. Wherever possible, please provide the new Namibian ID document.Forms marked with ** will be supplied at the time of a claim.
Resignation with re-employment within the Fund	<p>Where a member is re-employed by another participating employer in the Fund, a new member form from that employer clearly indicating that the member is already a member of the Fund.</p> <p>Note:</p> <p>Where the member is re-employed by another participating employer within a month in the Fund, membership of the Fund does not terminate and no benefit is payable.</p>
Retrenchment Resignation Dismissal	<p>Notice of Withdrawal completed by member</p> <p>Copy of ID</p> <p>Note:</p> <p>If no indication regarding the method of payment of the benefit is provided by the member within 6 months from the claim date, the benefit will be treated as a cash benefit, tax deducted and paid over to the Receiver of Revenue. Any amount not claimed will be earmarked as unclaimed benefit and processed in terms of the Rules of the Fund.</p>

Initials

Deferred Benefit	Deferred pensioner option form + ID
	Beneficiary nomination form
	Trustee approval
Retirement	Notice of Retirement completed by member
	Certified copy of ID of member
	Certified copy of marriage certificate
	Certified copy of ID of spouse
	Certified copy of ID's of minor children
	Beneficiary nomination form
	Copy of tax registration certificate
	Confirmation of medical aid deductions if any.
	<p>Note:</p> <ul style="list-style-type: none"> • Wherever possible, please provide forms at least two months prior to retirement date in order to facilitate timeous payment of the benefit. • For early ill health retirement, please obtain requirements from the Principal Officer of the Fund.
Death	Certified copy of ID of member
	Certified copy of death certificate of member
	Certified copy of marriage certificate
	Certified copy of ID of spouse
	Certified copy of ID's and full birth certificates of children
	Certified copy of ID's of children's guardians
	Certified copy of ID's of nominees
	Latest Beneficiary nomination that was completed by member
	Last pay-slip reflecting full pensionable salary of member at date of death.
	Questionnaire for the disposal of death benefits completed by employer**
	Duly signed and stamped Bank Verification forms confirming each beneficiary's bank account details required once the Trustees have finalised the distribution of the benefit.
If pensions are payable copy of tax registration certificate and confirmation of medical aid deductions if any	
Disability (income benefit)	Certified copy of ID of member
	Declaration by member**
	Declaration by Employer**
	General Practitioner's report**
	Specialist's report**
	Copy of tax registration certificate
	Confirmation of deductions if any e.g. medical aid, housing loan repayment.
	<p>Note:</p> <p>Disability income benefits commence 3 months after the disability date determined by the underwriter.</p>
Dread Disease	Dread Disease Claim Form
	Dread Disease Medical Report
	Dread Disease – Employee/Employer declaration
	Any other medical reports/results of tests relevant to the member's condition.
	A copy of the latest pay-slip
	The claimant's job description.
	Sick leave records with reasons for absence over the two-year period.
	A properly certified copy of the member's identity document.
	Contact details of the claimant, including a telephone number and address must be up to date and must be changed with Momentum as soon as these are not applicable any longer.

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	If the claim was submitted six months after the date of occurrence, a suitable reason for the late submission must be provided.
	Bank account details where payments need to be made directly into the claimant's bank account.
Funeral	Funeral claim form**
	Certified copy of death certificate of deceased
	Certified copy of marriage certificate if applicable
	Certified copy of ID of the spouse if applicable
	Certified copy of full birth certificate showing parentage of child if applicable
	Duly signed and stamped Bank Verification form confirming payee's bank account details.

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