

# RETIREMENT FUND FOR LOCAL AUTHORITIES UTILITY SERVICES IN NAMIBIA (F23418)

**A. Particulars of Member**

Full Christian name and surname: _____		
Date of birth: ____/____/____		
Employee nr: _____	Sex: _____	Marital status: _____
Date of death: ____/____/____		Cause of death: _____
Date of permanent appointment: _____		Last date of active service: ____/____/____
Date of last contribution: ____/____/____		

**B. Particulars of Deceased**

Full Christian name and surname: _____	
Date of birth: ____/____/____	
Sex: _____	Marital status: _____
Date of death: ____/____/____	
Cause of death: _____	

C. Description	Tick applicable box (x):	Amount Payable
Qualifying member	<input type="checkbox"/>	N\$32 250
Qualifying spouse	<input type="checkbox"/>	N\$32 250
Qualifying child (Age 14 years and over)	<input type="checkbox"/>	N\$32 250
Qualifying child (Age 6 years and over, but younger than 14 years)	<input type="checkbox"/>	N\$16 125
Qualifying child (Age less than 6 years or a still-born child)	<input type="checkbox"/>	N\$ 8 065

**D. Documents required by Sanlam Namibia Limited**

Original certified copy of: Death Certificate, ID document of deceased and the main member . An original certified copy of the MARRIAGE CERTIFICATE or CERTIFICATE OF CUSTOMARY UNION in the case of a deceased spouse. A copy of insured's latest payslip. A full birth certificate is required in the case when the children benefit is claimed for.

NB: Please note additional documents can be requested aligning to the policy definitions.

In case of the death of a **still born baby** where a full birth certificate is not issued, a (medical certificate of the causes of death – still birth) is required where time of pregnancy must be stipulated. Sanlam only pay claims where the applicable beneficiary pregnancy lasted for **26 weeks and more**.

**E. Pay Instruction**

Beneficiary's Name: _____
Name of Bank: _____
Branch: _____
Account Number: _____

**F. Declaration and Certification**

We, the undersigned, hereby declare that the deceased qualified for benefit in terms of the scheme at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.	
Signed at _____ on the _____ day of _____ ceyy _____	
On behalf of the scheme	
1. _____ (Capacity): _____	

**Official Stamp of Company:**