

# FUNERAL BENEFIT CLAIM FORM



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 TOLL FREE: 800 2401  
 TELEPHONE: (+268) 2411 9000

Email: funeralclaims@pspf.co.sz

WHATSAPP: 78064757 OR 78085254

**NB: Contact PSPF to confirm if deceased member had not nominated someone for the funeral benefit.**

### DETAILS OF DECEASED MEMBER

EMPLOYEE NO./ PENSION NO: \_\_\_\_\_

FULL NAME OF MEMBER: \_\_\_\_\_

NAME OF MINISTRY: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

SPOUSAL ANNUITY: WAS DECEASED MEMBER EARNING SPOUSAL ANNUITY? *(Please circle)* YES NO  
 If YES, please state spouse pension number : \_\_\_\_\_

NAME OF CHIEF: \_\_\_\_\_

NAME OF INDVUNA: \_\_\_\_\_

PHYSICAL ADDRESS OF BURIAL: \_\_\_\_\_

### DETAILS OF CLAIMANT

FULL NAME OF CLAIMANT: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ TELEPHONE OF EMPLOYER: \_\_\_\_\_

CLAIMANT CELL NO: \_\_\_\_\_

ALTERNATIVE CONTACT PERSON 1: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

ALTERNATIVE CONTACT PERSON 2: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

### FOR OFFICE USE ONLY

FORM RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

### PAYMENT METHOD (please tick preferred method)

<p>EFT (ELECTRONIC BANK TRANSFER) <input type="checkbox"/></p> <p><i>attach bank statement</i></p> <p>PAYEE NAME AND SURNAME: _____</p> <p>BANK NAME : _____</p> <p>BANK ACCOUNT NUMBER: _____</p> <p>BRANCH NAME: _____</p>	<p>MOBILE MONEY (MTN) <input type="checkbox"/></p> <p>PAYEE NAME AND SURNAME: _____</p> <p>CELL PHONE NUMBER: _____</p>
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BRANCH CODE: \_\_\_\_\_

## DECLARATION BY CLAIMANT

I \_\_\_\_\_ (full names) in my capacity as claimant, declare and warrant that all the statements and answers given above in connection with this claim whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure which may materially affect the assessment of this claim will entitle Public Service Pension Fund to declare this claim null and void.

SIGNATURE OF CLAIMANT: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

## ATTACHMENT DOCUMENTS:

### PENSIONER:

1. FAMILY NOMINATION LETTER (template obtainable @ PSPF offices)
2. CERTIFIED COPY OF DEATH CERTIFICATE
3. CERTIFIED COPY OF DECEASED'S ID
4. CERTIFIED ID COPIES OF CLAIMANT & THE TWO FAMILY NOMINATION LETTER WITNESSES
5. DECLARATION FORM (obtainable @ PSPF offices)
6. STAMPED BANK STATEMENT (for EFT payment option)
7. AFFIDAVIT BY CLAIMANT WHICH CONFIRMS NOMINATION (obtainable @ PSPF offices)
8. LETTER FROM MORTUARY CONFIRMING BODY OF DECEASED

### ACTIVE MEMBER:

1. FAMILY NOMINATION LETTER (template obtainable @ PSPF offices)
2. CERTIFIED COPY OF DEATH CERTIFICATE
3. CERTIFIED COPY OF DECEASED'S ID
4. CERTIFIED ID COPIES OF CLAIMANT & THE TWO FAMILY NOMINATION LETTER WITNESSES
5. STAMPED BANK STATEMENT (for EFT payment option)
6. AFFIDAVIT BY CLAIMANT WHICH CONFIRMS NOMINATION (obtainable @ PSPF offices)
7. LETTER FROM MORTUARY CONFIRMING BODY OF DECEASED
8. NOTIFICATION LETTER FROM MINISTRY
9. DECEASED'S PAYSIP