

FUNERAL BENEFIT CLAIM FORM



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Email: funeralclaims@pspf.co.sz

WHATSAPP: 78090911 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 THE DECEASED 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>BRANCH CODE: _____</p> | <p>MoMo: <input type="checkbox"/> eMAl: <input type="checkbox"/></p> <p>PAYEE NAME AND SURNAME: _____</p> <p>CELL PHONE NUMBER: _____</p> |
|---|---|

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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: _____

ATTACH 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. CURRENT 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
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. CURRENT BANK STATEMENT
6. AFFIDAVIT BY CLAIMANT WHICH CONFIRMS NOMINATION
7. LETTER FROM MORTUARY CONFIRMING BODY OF DECEASED
8. NOTIFICATION LETTER FROM GOVERNMENT MINISTRY
9. DECEASED'S CURRENT PAYS LIP