

# FUNERAL BENEFIT CLAIM FORM



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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: \_\_\_\_\_

# FUNERAL BENEFIT CLAIM FORM

|  |                          |                                |                          |
|--|--------------------------|--------------------------------|--------------------------|
| <b>PAYMENT MODE</b> (please tick preference) |                          |                                |                          |
| <b>EFT(ELECTRONIC BANK TRANSFER)</b>         | <input type="checkbox"/> | <b>MoMo:</b>                   | <input type="checkbox"/> |
| <i>attach bank statement</i>                 |                          | <b>eMALI:</b>                  | <input type="checkbox"/> |
| <b>PAYEE NAME AND SURNAME:</b>               |                          | <b>PAYEE NAME AND SURNAME:</b> |                          |
| <hr/>  |                          | <hr/>                          |                          |
| <b>BANK NAME :</b>                           |                          | <b>CELL PHONE NUMBER:</b>      |                          |
| <hr/>  |                          | <hr/>                          |                          |
| <b>BANK ACCOUNT NUMBER:</b>                  |                          |                                |                          |
| <hr/>  |                          |                                |                          |
| <b>BRANCH NAME:</b>                          |                          |                                |                          |
| <hr/>  |                          |                                |                          |
| <b>BRANCH CODE:</b>                          |                          |                                |                          |
| <hr/>  |                          |                                |                          |

|   |              |
|---|--------------|
| <b>DECLARATION BY CLAIMANT</b>  |              |
| <p>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.</p> <p>I further understand that any misstatement or non-disclosure which may materially affect the assesment of this claim will entitle Public Service Pensions Fund to declare this claim null and void.</p> |              |
| <b>SIGNATURE OF CLAIMANT:</b>   | <b>DATE:</b> |
| <hr/>   | <hr/>        |
|   | <b>TIME:</b> |
|   | <hr/>        |

## ATTACH DOCUMENTS:

### PENSIONER:

1. FAMILY NOMINATION LETTER (if decesead member had not nominated)
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 (if decesead member had not nominated)
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リップ