



# FUNERAL CLAIM FORM

**Permanent Full Time Employee and Variable Employee's with more than 3 months continuous employment (TFG Retirement Fund and Non-Fund Members)**

**Complete this form and ensure all supporting documentation is attached to avoid delays in payment.**

**Please note, Funeral Benefits lapse if not claimed within 6 months from date of death unless there are extenuating circumstances for the late submission acceptable to the Insurer. Any late submission must be accompanied with a motivation letter.**

**Please be advised that false statements and details are regarded as a criminal offence.**

## EMPLOYEE'S DETAILS

Surname:

First Names:

Employee No.:  ID No.:

Marital status:  Unmarried (single, divorced or widowed)  
 Married (Including: life partner, common law spouse and traditional spouse)

Date joined Employer (DD/MM/CCYY):  /  /

Date of Death (DD/MM/CCYY):  /  /  Age at date of Death (DD/MM/CCYY):  /  /

Cause of Death:  Natural  Unnatural  Unknown

If "Unknown" Please specify:

## PAYEE DETAILS

Surname:

First Names:

ID No.:

Cell No.:  Alternate Tel. No.:

Email Address:

Relation of payee to employee:  Partner  Child  Parent  Sibling  Other

Postal Address:

Postal Code:

Bank Name:

Bank Account No.:  Branch Code:

Name of Account Holder:

Account Type:  Cheque  Savings

## DECLARATION

I, the undersigned, confirm that the information provide is complete and accurate.

### Line Manager details

Full Name & Surname:

Job Title:

Cell No.:

Alternate Tel. No.:

Line Manager Signature: \_\_\_\_\_

Date (DD/MM/CCYY):  /  /

**The funeral benefit is payable to the spouse of the employee (Including: life partner, common law spouse and traditional spouse). If the employee was unmarried, the benefit is payable to the person who paid for the funeral.**

**TFG RETIREMENT FUND AS WELL AS GUARDRISK LIFE RESERVES THE RIGHT TO REQUEST FURTHER DOCUMENTATION OR INFORMATION AS IT MAY DEEM NECESSARY TO ACCURATELY ASSESS AND VALIDATE THE CLAIM.**

**Use the checklist below to ensure that all required documentation is submitted.**

**RETURN THE COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION VIA  
<https://synergy.tfg.co.za>**

### Funeral Claim Checklist in respect of an EMPLOYEE

- Fully completed TFG claim form;
- Certified copy of the Employee's identity document;
- Certified copy of the Payees' identity document;
- Certified copy of the deceased's death certificate;
- DHA 1663 form (completed by the medical practitioner who has certified the death / stillbirth);
- Proof of Payee bank account not older than 3 months e.g. bank statement

### If the employee has a spouse (including: life partner, common law spouse and traditional spouse of relationship):

- Certified copy of marriage certificate; **OR**
- Certified copy of lobola letter; **OR**
- Confirmation email from line manager indicating the name of the employee, common law spouse and relationship (This is only accepted in the instance of a common law spouse)

**OR**

### If the employee is unmarried and the benefit is being paid to the person who paid for the funeral:

- The funeral parlour invoice with the deceased and payee name clearly indicated

**Click here** for information regarding the funeral benefit including the benefit payable and a summary of the terms and conditions of this policy.

### Protection of Personal Information Act (POPIA) notice

- The information requested in this document constitutes personal information in terms of POPIA and may include financial information and information pertaining to minors.
- The Fund must collect, use and keep this personal information to enable it to process your funeral claim.
- The Fund may share your personal information contained herein with other relevant service providers of the Fund, such as the insurer of your funeral benefit, but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act. If the information is not readily provided, the Fund or insurer may have difficulties to pay your funeral benefit to you.
- The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.

*Foschini Retail Group (Pty) Ltd is an authorised financial services provider (FSP no. 32719). Insurance is underwritten by Guardrisk Life Limited, an authorised financial services provider (FSP no. 76) and an insurer licensed to conduct life insurance business in terms of the Insurance Act 18 of 2017.*