

# NOTIFICATION OF CLAIM BY EMPLOYER

**FUND NAME:** \_\_\_\_\_

  
 Administered by **RFS Fund Administrators**  
 Cnr. Feld St and Newton St, Windhoek • PO Box 80349, Windhoek, Namibia

**To be completed by employer using block letters or tick (✓) where applicable.  
Please note that ALL the fields are mandatory and no benefit will be processed if this number is missing.**

## A CLAIM DETAILS

<b>Type of claim</b>	<b>1. Normal Exit</b>	Retrenchment	Resignation	Dismissal	Resignation with re-employment by another participating employer with the Fund.	
	<b>Waiting period</b>	Applies			Waived	
	<b>2. Retirement</b>	Normal Retirement	Early Retirement	Late Retirement	Ill-Health Retirement	
	<b>3. Disability</b>	Lump-sum Disability		Dread Disease	Monthly Disability Income	
<b>4. Death</b>						

## B MEMBER DETAILS

<b>Employer / Cost Centre</b>				<b>Company Ref. No</b>	
<b>Title, Initials, Surname</b>	Title	Initials	Surname		
<b>First Name</b>				<b>Date of Birth</b>	DD / MM / YYYY
<b>Identity number</b>	Namibian ID			Other: Passport No	
<b>Income Tax Number</b>				<b>Revenue Office</b>	
<b>Date of last contribution</b>	DD / MM / YYYY	<b>Date on which employment terminated</b>		DD / MM / YYYY	
<b>Full pensionable salary at date of termination</b>					N\$
<b>Total amount of last member and employer contributions</b>					N\$
					total Member
					pm
					N\$
					total Employer
<b>Annual Salary for current tax year at Date of Exit (required by the Receiver of Revenue)</b>					N\$

## C HOUSING LOAN

<b>Does the employer wish to claim in terms of the Rules of the Fund for outstanding housing loan collateral granted to the member by the employer?</b>	No	Yes	<b>Amount outstanding at date of termination</b>	N\$
	If yes, please attach confirmation of the collateral.			
<b>Has the member an outstanding housing loan granted by the Fund?</b>	No	Yes	<b>Amount of last repayment</b>	N\$
			<b>Date of last repayment</b>	DD / MM / YYYY
<b>Has the member an outstanding housing loan granted in terms of a Pension Fund backed housing loan scheme?</b>	No	Yes	<b>Housing Loan account No</b>	
			<b>Bank name</b>	

## D OTHER CLAIMS (In terms of section 37D of the Pension Funds Act 1956)

Has the member any pending Maintenance Court Order in terms of the Maintenance Act?	<b>If yes</b> , please provide the Court Order served on the Fund in terms of:		No	Yes
	<ul style="list-style-type: none"> <li>Warrant of Execution issued against member's movable or immovable property, or</li> <li>Attachment Order against present or future debt owing to member</li> </ul>			
Does the employer wish to claim for outstanding Medical Aid premiums due by the member to the employer?	Amount outstanding at date of termination	N\$	No	Yes
Does the employer have a claim against the member in terms of the Pension Funds Act 1956 Section 37D due to damage caused by the member's theft, dishonesty, fraud or misconduct?	<b>If yes</b> , please provide the judgment in respect of compensation or Fund admission of guilt and liability form.		No	Yes
Must membership be suspended until the case against the member has been finalised?	<b>If yes</b> , the member will continue to be covered for death and disability benefits for a maximum period of 12 months from claim date and membership will only cease thereafter.		No	Yes
<b>Note: No other debt deduction from a member's benefit is allowed in terms of Pension Funds Act 1956 Section 37D. Other arrangements with the member will have to be made for repayment of such debt.</b>				

## E AUTHORISED EMPLOYER SIGNATURE

I confirm that the above information accurately reflects the details of the claim.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## 5. DOCUMENTS AND FORMS

TYPE OF CLAIM	DOCUMENTS
<b>All claims</b>	1. This claim form duly completed and signed by the employer to be provided as soon as possible
	<b>Note:</b> ➤ Documents and forms as listed below can be provided at a later stage but not later than 6 months after claim date. <b>Underwriters will not accept claims for risk (death / disability / funeral) benefits if submitted later than 6 months after claim date.</b>
	➤ ID refers to Identity Document or other means of identification e.g. passport or birth certificate. Wherever possible, please provide the new Namibian ID document. ➤ Forms marked with ** will be supplied at the time of a claim.
<b>Resignation with re-employment within the Fund</b>	2. Where a member is re-employed by another participating employer in the Fund, a new member form from that employer clearly indicating that the member is already a member of the Fund.
	<b>Note:</b> ➤ Where the member is re-employed by another participating employer in the Fund, membership of the Fund does not terminate and no benefit is payable.
<b>Retrenchment Resignation Dismissal</b>	3. Notice of Withdrawal completed by member
	4. Certified copy of ID
<b>Deferred Benefit</b>	<b>Note:</b> ➤ Any amount not claimed will be earmarked as unclaimed benefit and processed in terms of the Rules of the Fund.
	5. Documents 3 & 4 above
	6. Beneficiary nomination form
<b>Retirement</b>	7. Trustee approval
	8. Notice of Retirement completed by member
	9. Certified copy of ID of member
	10. Certified copy of marriage certificate
	11. Certified copy of ID of spouse
	12. Certified copy of ID's of minor children
	13. Beneficiary nomination form
14. Copy of tax registration certificate	
<b>Death</b>	15. Confirmation of medical aid deductions if any.
	<b>Note:</b> ➤ Wherever possible, please provide forms at least two months prior to retirement date in order to facilitate timeous payment of the benefit. ➤ For early ill health retirement, please obtain requirements from the Principal Officer of the Fund.
	16. Certified copy of ID of member
	17. Certified copy of death certificate of member
	18. Certified copy of marriage certificate
	19. Certified copy of ID of spouse
	20. Certified copy of ID's and full birth certificates of children
	21. Certified copy of ID's of children's guardians
	22. Certified copy of ID's of nominees
	23. Latest Beneficiary nomination that was completed by member
24. Last pay-slip reflecting full pensionable salary of member at date of death.	
<b>Death: Advance for funeral expense</b>	25. Questionnaire for the disposal of death benefits completed by employer**
	26. Duly signed and stamped Beneficiary Bank Verification forms confirming each beneficiary's bank account details required once the Trustees have finalised the distribution of the benefit.
	27. If pensions are payable copy of tax registration certificate and confirmation of medical aid deductions if any
<b>Disability (lump sum or income benefit)</b>	28. Request for advance payment of death benefit to cover funeral expense together with documents 16, 17 and 29.
	29. Certified copy of ID of the person to whom the advance must be paid or copy of the invoice from the funeral service provider (maximum amount allowed is N\$5,000).
	30. Certified copy of ID of member
	31. Declaration by member**
	32. Declaration by Employer**
	33. General Practitioner's report**
<b>Dread Disease</b>	34. Specialist's report**
	35. Copy of tax registration certificate
	36. Confirmation of deductions if any e.g. medical aid, housing loan repayment.
	<b>Note:</b> ➤ Disability income benefits commence 3 / 6 months after the disability date determined by the underwriter.
<b>Funeral</b>	37. Certified copy of ID of member
	38. Declaration by member**
	39. Declaration by Employer**
<b>Funeral</b>	40. Specialist's report**
	<b>Note:</b> ➤ The dread disease claim may reduce future death benefits depending on the rules of the Fund.
	41. Funeral claim form**
	42. Certified copy of death certificate of deceased
	43. Certified copy of marriage certificate if applicable
	44. Certified copy of ID of the spouse if applicable
	45. Certified copy of full birth certificate showing parentage of child if applicable
46. Duly signed and stamped Bank Verification form confirming payee's bank account details.	