



Your No. 1 Pension Fund

FAMILY FUNERAL COVER

NAME OF MUNICIPALITY : _____

NAME OF PRINCIPAL MEMBER : _____

MEMBER'S IDENTITY NUMBER (ID) : _____

CONTACT DETAILS : _____

NAME OF SPOUSE : _____

SPOUSE IDENTITY NUMBER (ID) : _____

CONTACT DETAIL : _____

1. Children's Names up to age 21years:

NO.	TITLE	SURNAME	NAME	IDENTITY NUMBER	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					

2. Maximum four (4) additional adults to be covered i.e. adult children, parents and/or parents-in-laws:

NO.	TITLE	SURNAME	NAME	IDENTITY NUMBER	RELATIONSHIP
1.					
2.					
3.					
4.					

Please attach the following Certified Documents:

- ID Copies, Proof of Marriage and Birth Certificates.

MEMBER SIGNATURE

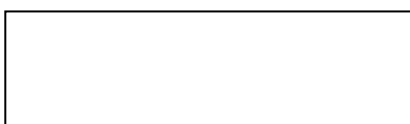
DATE

WITNESS

DATE

EMPLOYER SIGNATURE

DATE



EMPLOYER'S STAMP