



National Fund for Municipal Workers Deceased Estate - Executor's Declaration

[To be completed by the deceased estate executor or representative]

This form A029 is used as supplement to form A019 and only in the event of a member passing away subsequent to leaving the service of the employer, but before the pension benefit payment.

DECEASED MEMBER INFORMATION

Surname	<input type="text"/>
Full names	<input type="text"/>
ID number <small>ATTACH COPY OF ID DOCUMENT HERETO</small>	<input type="text"/>
Date of death <small>ATTACH COPY OF DEATH CERTIFICATE HERETO</small>	<input type="text"/>

ESTATE REGISTRATION INFORMATION

Estate number	<input type="text"/>
Registering magistrate's office	<input type="text"/>
Date of registration	<input type="text"/>

ESTATE BANK ACCOUNT DETAILS

Attach proof of bank account, i.e. bank statement with official bank stamp not older than 3 months

Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>
Account holder name and surname	<input type="text"/>		

ESTATE EXECUTOR or REPRESENTATIVE INFORMATION

Full names	<input type="text"/>
Surname	<input type="text"/>
ID number <small>ATTACH COPY OF ID DOCUMENT HERETO</small>	<input type="text"/>
Telephone number	<input type="text"/>
e-Mail address	<input type="text"/>
Appointment date	<input type="text"/>
<input type="checkbox"/> Estate Executor	<input type="checkbox"/> Master's Representative

[Refer to Section 18(3) of Administration of Estates Act 66 of 1965]

I the undersigned hereby confirm and declare that I am duly appointed as the executor / representative of the above estate and that the information provided on this document is true and accurate.

Signed at _____ on _____ 20_____

Signature: Executor / Representative

National Fund for Municipal Workers CONTACT DETAILS

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