



# Prepaid Funeral Benefits - Claim Form

## BENEFIT PAYMENT

The completion of this form is to enable the Deceased Members Legal Representative or Next of Kin or Authorised Representative to apply for a first instalment of the deceased member's death benefit as determined by the Trustee, to assist in payment of funeral costs. Where applicable, a death certificate or notice from Department of Justice, Birth certificate or Passport for the decease and applicant are required to be attached to this form. Other documents may be required upon request.

### 1. Member details – Cook Islands National Superannuation Fund

RMD Number	<input type="text"/>	CINSF Member Number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>		
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Residential Address	<input type="text"/>		
Phone Numbers	Home Phone <input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Final contribution date	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Date of Death</b> (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>		

### BENEFIT AMOUNT

Value of prepaid Funeral Benefit being applied for    \$

*(Maximum of \$5,000 or amount of sum insured, whichever is the lesser amount)*

### APPLICANT DETAILS

Applicant Name

Address

Telephone       Email Address

Relationship to Member



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## PAYMENT DETAILS

Pay to

Contact Details

Bank

Branch

Account Number

Branch Number

Swift code

Account Name

Applicant Signature

### Office use only

Received by

DATE