PSA
The Union Of Choice

FUNERAL BENEFIT CLAIM FORM

MEMBER NAME	
ID No	
PSA Membership No	
Persal No	
Date of Death (DDMMYYYY)	
BENEFICIARY NAME	
Relation to member	
ID No	
Physical Address	
E-mail address	
Mobile No	
BANKING DETAILS	**Bank Name:** **Account Number:**
Signature and Date	

ATTACHED THE FOLLOWING DOCUMENTATION

Certified copies of the following documents are required to process the claim:

- ID of the deceased member.
- ID of the beneficiary.
- Death certificate.
- Beneficiary Bank statement / Bank confirmation letter.

Additional certified documents needed if the following persons are claiming:

- Spouse – marriage certificate.
- Parents – affidavit to confirm and explain if surnames differ.
- All other relatives – proof that beneficiary was responsible for funeral costs (i.e invoice / receipt / proof of pmt).
- Funeral undertaker – letter from undertaker confirming cost and letter from beneficiary to provide permission to pay the undertaker.
- Estate – letter from estate.

Funeral Claim form should be e-mailed to: funeralclaims@psa.co.za within six (6) months of death of the member. A funeral claim received after 6 months will be considered invalid and not payable.

Consent

By submitting this funeral claim form, you hereby give consent for your personal information and that of the deceased to be collected, used, and shared with authorised third parties where necessary to finalise the claim, in accordance with the Protection of Personal Information Act, No. 4 of 2013 (POPIA).