

# **BNTU Death Fund**

## **Claim for Death Benefit**

**Name & Date of deceased:** \_\_\_\_\_

**Status/Relationship to member:** \_\_\_\_\_

of \_\_\_\_\_  
**name of member**

**Date of claim:** \_\_\_\_\_

**Reg. No. of Death Certificate:** \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_

**Signature of claimant:** \_\_\_\_\_

**Amount of Death Grant paid** \_\_\_\_\_ (       )

**This is the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> claim of this member**

\_\_\_\_\_  
**Signature of paying officer**