Fiji Bank & Finance Sector Employees Union
P.O.Box 853, 14 Macgregor Road, Suva, Fiji. Phone: (679) 3301827
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DEATH BENEFIT APPLICATION FORM

Requestor:	Name: Date of Birth: Mobile Contact: Date of Application: ◯ Married ◯ Single Confirmed by: Confirmer signature:
Employer:	
Purpose – *who died?*	◯ Member ◯ Parent ◯ Spouse ◯ Child ◯ Legal Guardian
Bank Account Details:	Name of Bank: Name of Account: Account Number:

FOR OFFICE USE ONLY

Benefit Amount:	
Pre-qualification requirement submitted	☐ Death Certificate ☐ Birth Certificate (child) ☐ Marriage Certificate ☐ Statutory Declaration (legal guardian) ☐ ID of Benefit Recipient ☐ Member at date of event
Death Benefit Budget As at	**Death Benefit Budget per year:** **Death Benefit Current balance**: **Payment amount**: **Remaining Balance**:
Prepared By: **Date:**	**Checked By:** **Date:**
Approval is at the discretion of the FBFSEU National Secretary in accordance with the policy guideline.	
FBFSEU National Secretary Comments & Recommendation:	◯ **Approve** ◯ **Decline** **Comments** **Signature** **Date:**