



Fiji Bank & Finance Sector Employees Union

P.O.Box 853, 40 Disraeli Rd, Suva, Fiji.

Phone: (679) 3301827

Fax: (679) 3301956

Email: info@fbfseu.org.fj

Website: www.fbfseu.org.fj

DEATH BENEFIT APPLICATION FORM

Claim Made By:	Name: Date of Birth: Mobile Contact: Work Email:	Date of Application: Personal Email:
Confirmed By: (Union Rep/Liasson Office)	Name: Confirmer Signature	Date:
Employer:		
Purpose – who died?	<input type="checkbox"/> Member Parent - <input type="checkbox"/> Father OR <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Bank Account Details:	Name of Bank: Name of Account: Account Number:	
FOR OFFICE USE ONLY		
Benefit Amount:		
Pre-qualification requirement submitted	<input type="checkbox"/> Death Certificate <input type="checkbox"/> Birth Certificate (child) <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Statutory Declaration (legal guardian) <input type="checkbox"/> ID (Voter ID/Driving License) of Benefit Recipient	
Death Benefit Budget As at	Death Benefit Budget per year: Death Benefit Current balance: Payment amount: Remaining Balance:	
Prepared By: Date:	Checked By: Date:	
<i>Approval is at the discretion of the FBFSEU National Secretary upon recommendation of the Administration Secretariat in accordance with the policy guideline.</i>		
FBFSEU National Secretary Comments & Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Decline Comments Signature: Date:	