



**ACKNOWLEDGEMENT OF ADVANCE PAYMENT OF DEATH BENEFITS**



If an advance payment of death benefits is made by the Company to a Dependant or Nominated Beneficiary of the deceased Member, then this form is to be completed and the original or a certified copy submitted to enable the Fund to deduct the amount of the advance from the death benefits payable by the Fund and reimburse the Company.

An advance payment of death benefits may only be made in exceptional circumstances and then only to or at the written request of a bona fide Dependant or Nominated Beneficiary of the deceased Member. Care should be taken to ensure that any advance does not exceed the after-tax death benefit and further does not exceed the Dependant's or Nominated Beneficiary's share of the death benefits payable.

Name of Fund			
Name of deceased Member			
Fund membership or Company number of deceased Member			
I,			hereby acknowledge that I have
received an advance payment of death benefits of	R		
Amount in words			
From			(Name of company)
and understand that it will be reimbursed to the Company out of death benefits from the abovementioned Fund.			

Full name (block letters) of recipient of advance payment			
Signature of recipient of advance payment		Date	
Signature of witness		Name	

