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**FAMILY FUNERAL COVER FORM**

NAME OF MUNICIPALITY: \_\_\_\_\_

NAME OF PRINCIPAL MEMBER: \_\_\_\_\_

MEMBER'S IDENTITY NUMBER (ID): \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

SPOUSE IDENTITY NUMBER (ID): \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

**1. Only Member's Children's Names up to the age of 21 years**

No.	TITLE	SURNAME	NAME	IDENTITY NUMBER	RELATIONSHIP

**2. Maximum four (4) additional adults to be covered which are your parents and/or parents-in-laws  
ONLY**

No.	TITLE	SURNAME	NAME	IDENTITY NUMBER	RELATIONSHIP

**Cover Amounts:**

Member & Spouse	R 50 000
Children 6-21 years	R 25 000
Children 1-6 years	R 10 000
Children younger than 1 year (including stillborn from 26 weeks of pregnancy)	R 10 000
Extended Members:	R 25 000

**Updates and Additions:**

Member must complete and submit a new form if there is an update or addition of family or extended members, in addition member must inform the Fund as soon as possible regarding updates.

**Terms and conditions of the family funeral cover:**

1. Principal member is covered immediately.
2. All lives covered are subject to 6 months waiting period upon receipt of the form.
3. Deaths arising from suicide will not be covered during the first 12 months in respect of all lives covered.
4. Grandchildren, aunts, uncles, nieces and nephews are not covered.
5. Proof of guardianship is required for non-biological children.
6. Proof of relationship may be required at both onboarding and claims stage.

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MEMBER'S SIGNATURE

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DATE

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WITNESS

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DATE

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EMPLOYER SIGNATURE

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DATE

**PLEASE NOTE:** that it is the Fund's policy to strictly comply with the  
Fund's Family Funeral Cover Policy when paying this benefit