



SERVICE WORKER CREDIT UNION

Special Death Benefit Claim Form

Death of a Member

1. Name of Deceased Member:
2. EDP/FNPF No: 3. Ministry/Department:
4. Station: 5. Date of Death:
6. Name of Claimant:
7. Postal Address:
8. Residential Address:
9. Telephone Office: Mobile: Residence:
10. Please indicate whether the deceased member had a Will. **[YES/NO]**.
11. I have attached the original or certified true copy of death, marriage or birth certificate. I declare that the particulars given above are true and correct.

.....

(Signature)

.....

(Date)

[Please return this form duly completed to your nearest FPSA Branch Office or the Secretary Treasurer, SWCU, P O BOX 1405, Suva Email: swcu2016@gmail.com, Fax 3317345 | Mobile (Vodafone : +679 8936901) | (Digicel : +679 7777345)]
