



Amalgamated Union of Statutory Board Employees

No 1 Hampshire Road, Union Office, Singapore 219428. Tel : 62972097 Fax : 62970565

AUSBE WELFARE SCHEME II DEATH OF MEMBER

*Delete whichever is inapplicable

**Essential information

Part I - Deceased Member's Particulars

Full Name : Mr / Mrs / Miss /Mdm*: _____

Alias (if any): _____

NRIC No.: _____ Date of Birth: _____

Marital Status: Single / Married / Divorced / Widow / Widower*

Address: _____

Postal Code: _____

AUSBE Membership No.: _____ Branch: _____ Appointment: _____

Date of Death: _____ Death Certificate No.: _____

Cause of Death: _____

Compulsory Copy of Supporting Documents Attached: (Mark "X" in Appropriate Box)

- | | |
|--|-------------------------------------|
| 1) Death Certificate of Member and | <input checked="" type="checkbox"/> |
| 2) Birth Certificate of Claimant (if deceased was the parent) | <input type="checkbox"/> |
| OR | |
| 3) Marriage Certificate of Claimant (if deceased was the spouse) | <input type="checkbox"/> |
| 4) Others _____ | <input type="checkbox"/> |

Part II – Claimant's Particulars

Full Name : Mr /Mrs /Miss /Mdm*: _____

Alias (if any): _____

NRIC No.: _____ Date of Birth: _____

Marital Status: Single /Married /Divorced /Widow /Widower*

Address: _____

Postal Code: _____

Relationship to Deceased: _____

Part III -- Claim Amount Credit To:

**Claimant's Bank Name: _____ **Bank Account No.: _____

**Claimant's Email : _____

**Telephone: (H) _____ (O) _____ (HP) _____

Note: Claimant will be notified by email, phone when claim has been credited to his/her bank account.

Claimant's Signature

FOR AUSBE OFFICE USE ONLY	ACTION BY / Sign & Date
Date Member Joined Union : ____ / ____ / ____ .	
Welfare Scheme Subscriptions in Arrears ? : YES / NO *	
Claimant verified as per Nomination Form ?..... YES / NO *	
Cheque No. _____ for S\$ _____	
Credited to Bank A/c No. _____ on ____ / ____ / ____	

Claim Endorsed by :

Welfare Chairman/Secretary*