



**New Zealand Meat Workers & Related Trades Union Inc.**  
 (Aotearoa Branch)  
**\$1,500 DEATH COVER BENEFIT APPLICATION**

**DECEASED FINANCIAL MEMBER'S INFORMATION (Required by Law)**

**TO BE COMPLETED BY THE PLANT OFFICIAL**

Name: *First* *Middle* *Family*

Address:

Suburb: City: Post Code:

**BENEFICIARY DETAILS**

Who is the Beneficiary of deceased?

Name: *First* *Middle* *Family*

Address:

Suburb: City: Post Code:

Mobile Phone: Home Phone:

Email:

Relationship to the Deceased?

*If there is NO direct obvious beneficiary to the deceased i.e. wife/husband/partner/children, then we are required to make payment to the estate of the deceased*

**Deceased Estate's Lawyer Details:**

Name: *First* *Middle* *Family*

Address:

Suburb: City: Post Code:

Mobile Phone: Home Phone:

Email:

Are you able to deliver cheque to the deceased Family? Yes/ No

If not, please provide bank details below for Direct Credit Payment

Bank Account Details: [ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ]

**DOCUMENTS REQUIRED TO BE SENT WITH THIS APPLICATION**

Printout of union fee deduction at the time of death. **Attached** Yes/ No

Copy of death notice in local newspaper or a death certificate. **Attached** Yes/ No

Bank Account deposit slip, where direct credit is to be made. **Attached** Yes/ No

**VERY IMPORTANT**

Please note the union will not be liable for any errors or wrong descriptions of union entitlements

Name of the Plant :

Name of Plant Official

**Signature of Plant official:** **Date:**

**FOR OFFICE USE ONLY**

**Reference Number:**

Prepared By: Approved By:

Payment Method: Cheque| Direct Credit | Banked Date Paid:

**PLEASE EMAIL, FAX OR POST TO UNION ADDRESS BELOW**

**New Zealand Meat Workers & Related Trades Union Inc. Aotearoa Branch**

**P.O. Box 17 056, Greenlane, Auckland 1546, New Zealand. www.meatunion.co.nz**

Phone: 0800 877 277 | +64 9 520 0035 | Fax: +64 9 523 1286 | Email: info@meatunion.org.nz

**Form Filling Instructions**  
**\$1,500 DEATH COVER BENEFIT FORM (005)**  
**PLEASE PRINT CLEARLY**

This entitlement is ONLY for current financial members at the time of their death.  
**Print Clearly & Send Promptly.**

**Action**

Fill it completely.

Attach all supporting documents listed.

Except lawyer section that applies to next of kin complications (twice in my time).

Send to the NZMW union office in Auckland.

**Form Check List.** *Please follow the serial numbers with each blank on the form*

1. The name of the deceased financial member: Full name First Name , Middle name , Last name (Family Name)
2. Address of the deceased financial member; House number, street, suburb, city and post code.
3. Deceased's beneficiary Name : Full name First Name , Middle name , Last name (Family Name)
4. Address of the beneficiary; House number, street, suburb, city and post code and contact details of mobile and home phones.
5. Relationship to the deceased: i.e. wife/husband/partner/children or other
6. Lawyer's name and address etc., if there is no direct beneficiary to the deceased we are required to pass the payment on to the estate of the deceased. This is dealt by the lawyer.
7. Choice of Shed Official, if he/ she would like to hand deliver the letter and cheque to the beneficiary/ family / or Payment shall be made by direct credit and the letter posted out.
8. Provide bank account details of beneficiary for payment by Direct Credit.
9. Provide a printout of the union fee deductions at the time of death.
10. Provide a copy of death notice in local newspaper or a death certificate.
11. Provide bank deposit slip of beneficiary account for direct credit.
12. Name of Plant.
13. Name of Plant Official and signature: the person who is collecting the information.
14. Post, fax or email the form to Auckland union office.