

## SURVIVOR BENEFIT APPLICATION FORM

(Please complete with block letters)

### ACCOUNT HOLDER'S PARTICULARS

**PIN**

P	E	N																
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NSITF NO -1**

		-			-													-
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	---

**NSITF NO -2**

		-			-													-
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	---

.....		
SURNAME	MIDDLE NAME	FIRST NAME

.....

**DATE OF DEATH**

**MARITAL STATUS: (M/S/D/W)**

**PERMANENT HOME ADDRESS:**

.....

.....

.....

.....

**NAME OF COMPANY AND ADDRESS :**

.....

.....

.....

### DETAILS OF CLAIMANT / SURVIVOR

**Title :** Mr.  Mrs  Dr.  Chief  Alh  Others

**FULL NAME:**.....

Surname	First Name	Other Names
---------	------------	-------------

**PERMANENT HOME**

**ADDRESS**.....  
.....  
.....

**RESIDENTIAL ADDRESS (Not P.M.B or P.O.Box)**.....  
.....  
.....

**OCCUPATION:**.....

**EMPLOYER NAME AND OFFICE ADDRESS:**.....  
.....  
.....

**OFFICE PHONE NO:**..... **MOBILE PHONE**.....

**RELATIONSHIP WITH THE DECEASED** (please tick as appropriate)

- BENEFICIARY UNDER WILL** (please attached a copy of the will)
- WIFE/HUSBAND**
- SON/DAUGHTER**
- NEXT- OF- KIN**
- OTHERS** (Please specify)

**BANK ACCOUNT DETAILS**

**BANK NAME:**..... **BRANCH**.....

**ACCOUNT NAME:**.....

**ACCOUNT NO.**.....

**DECLARATION**

I.....of.....  
..... declare that the information  
provided above is to the best of my knowledge true and accurate and hereby agree to be  
liable for any liability resulting from the information given.

.....  
Signature /Date

.....  
Right Thumb Print

.....  
Left Thumb Print

(Please, see documents required)

**Documents Required:**

- (i) Notification of Death from the employer addressed to Trustfund.
- (ii) Notification of Death from the survivor addressed to Trustfund
- (iii) A copy of the Authority Letter from the employer to the Insurance Company to transfer the proceeds of the deceased employee’s Group Life Assurance Policy to Trustfund. (This is applicable where there is a Group Life Assurance Policy in line with the provisions of the Pension Reform Act 2004).
- (iv) Two recent passport photographs of the claimant / survivor.
- (v) Duly completed Trustfund Survivor Benefit Application Form (TPP BEN 02).
- (vi) Copy of Death Certificate ( Original to be sighted).
- (vii) Police Report in case of death by accident
- (viii) Sworn affidavit of the Next of Kin
- (ix) Copy of Will (where available)
- (x) Letter of Administration (Without Will)
- (xi) Acceptable means of Identification of the claimant / survivor (Either of Driver License, or National ID card, or International Passport) .
- (xii) Original copy of Federal Government Retirement Bond (for retiree in public sector where applicable)
- (xiii) Original copy of Acknowledgement of Accrued Pension Right issued by the employer (for retiree in private sector where applicable)
- (xiv) PENCOM Death Notification Form (to be completed and sent to PENCOM by the employer (MDA) of the deceased staff–Public sector only)

FOR OFFICE USE ONLY			
1. Documentation Checklist : Complete	<input type="checkbox"/>	Incomplete	<input type="checkbox"/>
2. Documents Waived	.....		
3. RSA Balance	.....	Life Assurance Proceeds Received	.....
4. Value of Retirement Bond/Acrued Pension Right:	.....		
5. Total Consolidated Benefit Due	.....		
6. Processed By:	.....(Name, sign & date)		
7. Verified By:	.....(Name, Sign & Date)		
8. Approved By:	.....(Name, Sign & Date)		
9. Internal Control & Audit:	.....(Name, Date & Sign)		