

DEATH BENEFIT REGISTRATION FORM

1. Next – of –Kin Personal Data:

First Name

Middle Name

Surname

Title

Date of Birth
(dd/mmm/yy)

Sex (M/F)

Marital Status
(M/S/D/W)

State of Origin
(See reverse code)

Local Government
(See reverse code)

Relationship

Permanent Residential Address

Phone No

E-Mail

Name of Bank

Account Name

Account No.

Branch

2. Deceased Personal Record

First Name

Middle Name

Surname

Name of employer

Office Address

Town

State

(See reverse code)

Designation

File No
Or ID No.

Date of first employment

(dd/mmm/yy)

Date of Death

(dd/mmm/yy)

Salary Structure

Grade Level

Step

3. CERTIFICATION BY NOK

I hereby certify that the information provided is true and correct

Signature & Date

Left Thumb Print

Right Thumb Print

Passport Photo

OFFICIAL USE

6. PLEASE ATTACH COPIES OF:

| | Yes | No |
|--|--------------------------|--------------------------|
| Medical Certificate of Death | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Registration of Death | <input type="checkbox"/> | <input type="checkbox"/> |
| Police Report (if death by accident) | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter of Administration/Will admitted to Probate | <input type="checkbox"/> | <input type="checkbox"/> |
| Declaration of Wish/Evidence of Nomination of NOK (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |