

DEATH BENEFIT APPLICATION FORM

 Next – of – Kin Personal Data: 	
Surname	Surname
Middle Name	_ Middle Name
Last Name	Last Names
	Last Names
Relationship	_ Relationship
Permanent Residential Address	
Phone No	ell Address
E-m	ail Address
Name of Bank	
Account Name	
Account Name	
Account No	
	Branch
Deceased First Name Deceased Middle Name Deceased Surname	
Name of Employer	
Name of Employer	
PIN	
PEN	
Please attach the following documents:	
Means of Identification of Deceased and NOK's (National I.D/Drivers License or International Passport)	
2 Two Passport Photos of Next of Kin(s) and One Passport Photo of the Deceased	
3. Letter of Administration	
5. Bank Confirmation of Individual/Joint Account of Next of Kin (Include sort code)	
6. Death Registration from National Population Commission	
7. Introduction Letter From Deceased Employer	
NOK Signature:	rate:

THE PROCESSING OF RETIREMENT AND TERMINAL BENEFITS IS DONE <u>FREE OF CHARGE</u> FOR BOTH RETIREES AND NEXT OF KIN OF DECEASED RSA HOLDERS. ANY DEMAND FOR ANY PAYMENT IS ILLEGAL AND SUCH SHOULD BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE HEAD OF HUMAN RESOURCES AND ADMINISTRATION OR CALL 09-4613500-9 OR E-MAIL <u>info@fcmbpensions.com</u> FOR APPROPRIATE ACTION. PLEASE NOTE THAT OUR COMPANY ACCEPTS NO LIABILITY FOR

MONETARY DEMANDS BY ANY STAFF Page 1