

DEATH BENEFIT REGISTRATION FORM



DBA:.....

1. Next – of – Kin Personal Data:

| | | |
|----------------------|-----------------------------|--|
| First Name | Middle Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Title | Date of Birth (dd/mm/yy) | Sex (M/F) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Marital Status (M/S/D/W) | State of Origin (See reverse code) |
| | <input type="text"/> | <input type="text"/> |
| | | Local Government (See reverse code) |
| | | <input type="text"/> |
| Relationship | | |
| <input type="text"/> | | |

Permanent Residential Address

Phone No E-mail Address

Name of Bank

Account Name

Account No Branch

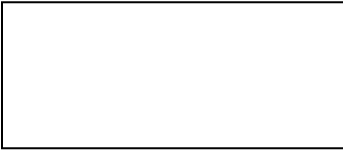
2. Deceased Personal Record:

| | | |
|----------------------|--------------------------|----------------------|
| First Name | Middle Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of Employer | | |
| <input type="text"/> | | |
| Office Address | | |
| <input type="text"/> | | |
| Town | State (see reverse code) | |
| <input type="text"/> | <input type="text"/> | |
| Designation | Date of Birth | |
| <input type="text"/> | <input type="text"/> | |
| File No or ID | Date of First Employment | Date of Death |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Grade Level | Step | Salary Structure |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Grade Level | Step | Grade Level |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

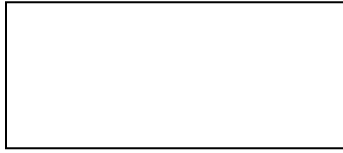
(As at June 2004)

3. **Certification by Next Of Kin**

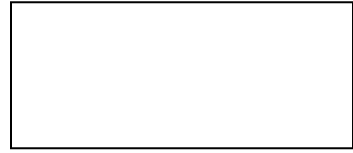
I hereby certify that the information provided is true and correct



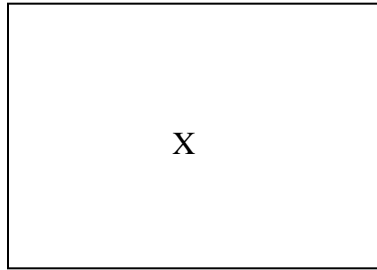
Signature & Date



Left Thumb print



Right Thumb print



Passport Photo