

DEATH NOTIFICATION AND DISCHARGE FORM

A. MEMBER IDENTIFICATION _____

Surname.....

First Name..... Middle Name.....

PIN:.....

Date of Birth..... Age.....

Employer.....

B. NOTIFICATION (To be completed by the claimant) _____

I/We hereby give PAL pensions a formal notice that Mr/Mrs/Miss/Ms.....
 died on..... and we hereby request and authorize the company to pay the benefit due under the
 deceased's Retirement Savings Account to us.

We enclose the following documents (tick as appropriate):

- 1. Will admitted to probate or Letter of Administration
- 2. Certificate of Death/Registration of death
- 3. Police report (If death was by accident)
- 4. Passport Photograph
- 5. Employer confirmation of employee's disappearance
(Applicable only to missing person)
- 6. Newspaper publication of missing person
(Applicable only to missing person)

C. LIFE INSURANCE COVER (To be completed by the employer) _____

Date of Employment:.....

Date of Death:.....

Sum Assured N:.....

Name of Insurance Company:.....

Address:.....

Have the life insurance proceeds been processed and remitted to PAL pensions?

Yes No

If yes: Date remitted..... Amount remitted.....

Note: Failure of employer to process the Life Insurance benefit may result in delay in processing of claims and also sanction by PenCom.

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D. BENEFICIARY DETAILS

Full Name of Beneficiary:.....

Residential Address:.....

Email Address:.....

Telephone No:.....

Name of Bank:.....

Branch:.....

Account Name:.....

Account Number:.....

Signature & Date:.....

E. CERTIFICATION BY THE CLAIMANT

I/We hereby certify that we/are the Claimant of the deceased's RSA benefits and the information given in this form is true and correct.

I/We further guarantee to refund PAL pensions, upon application, in the event of any other person or persons coming forward and making or establishing a legal claim against PAL pensions for the amount paid or any part thereof, together with any costs or expenses incurred by PAL pensions in resisting any such claims or otherwise in respect thereon.

Full Name:.....

Signature..... Date.....