

DEATH BENEFIT REGISTRATION FORM

Form ID

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A. NEXT OF KIN PERSONAL DATA

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|-------------------------------|--|---------------|--|----|--|-----------|--|--------------------------|--|-------------|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | Middle Name | | | | | | | | | | State of Origin (see reverse code) | | | | | | | | | | Surname | | | | | | | | | | Local Government (see reverse code) | | | | | | | | | |
| Title | | Date of Birth | | | | Sex (M/F) | | Marital Status (M/S/D/W) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | DD | | MM | | YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Residential Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number Number | | | | | | | | | | Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

B. DECEASED PERSONAL RECORD

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|--------------------------|--|----|--|----|---------------|----|--|----|--|-----------------------------|--|--|--|--|-------------|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | Date of Death | | | | | Salary Structure | | | | | Grade Level | | | | | Step | | | | | | | | | |
| DD | | MM | | YY | | DD | | MM | | YY | | | | | | | | | | | | | | | | | | | |

CERTIFICATION BY NOK

I hereby certify that the information provided is true and correct

Signature

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Left Thumb Print

Right Thumb Print

Passport Photo

FOR OFFICE USE ONLY

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"/> |
| PENCOM Indemnity Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter from MDA of the deceased stating that it did not have a Group Life Policy and no proceeds of life Insurance had been paid to the NOK | <input type="checkbox"/> | <input type="checkbox"/> |