**REQUIREMENTS & CHECKLIST FOR DEATH BENEFIT PAYMENT**

**IMPORTANT INFORMATION**

- Applications will ONLY be processed if all the required documents are complete.
- PAL pensions will be responsible for the certification of only ONE death certificate per application. Subsequent certifications will be borne by applicant(s).

**DEFINITIONS:**

- “NOK” means Next of Kin
- “LA” means Letter of Administration
- “RSA” means Retirement Savings Account

Please tick box (X) to indicate all document provided

1. **Death Notification**
   - A.) The NOK, deceased family member or employer will formally notify PAL.

2. **Passport Photographs**
   - A.) Two passport photographs of the deceased, and NOK/administrator(s) are required.

3. **PAL Death Notification Form**

4. **Public Sector Deceased clients without Accrued benefit**
   - For a public sector deceased clients whose accrued benefits have not been remitted into the RSA, the NOK will be required to submit the following:
     - A.) Letter of first appointment
     - B.) Deceased age declaration/birth certificate
     - C.) Last pay slip before demise
     - D.) Pay slip as at June 2004
     - E.) Letter of introduction from employer stating deceased date of first appointment, date of birth, date of death, grade level & step as at June 2004 and grade level and step as the month of demise
     - F.) Attached PENCOM death notification form
     - G.) Death certificate or evidence of death
   
   These documents will be sent to PENCOM to facilitate the remittance of the deceased accrued benefit.

5. **Death Benefit Account**
   - This is applicable where the deceased public sector employee did not have a pension account before death. The NOK is expected to open a Death Benefit Account (DBA) by completing the DBA form and submitting the following alongside (4) A-G above:
     - A.) Attached NOK indemnity form
     - B.) Declaration of NOK by deceased employer
     - C.) Letter from employer stating the status of the deceased benefit.

6. **Bank Account Details**
   - A.) The NOK/beneficiary must provide his/her personal bank account statement showing NUBAN details. **PAL will not pay into a 3rd party account.**
   - B.) A duly signed bankers’ confirmation letter from the NOK’s bank showing account details is required in the absence of (A).
   - C.) PAL will effect payment into Commercial Banks ONLY and not Savings & Loans Banks, Microfinance OR Co-operative Banks.
   - D.) Please note that in the event that there are multiple NOKs, payment will be made into only ONE account.
   - E.) A Sworn Affidavit and consent letter is required if funds are to be paid into an estate or joint account.

7. **NOK/Administrator(s) means of identification**
   - This can be ANY of National Identity Card, Valid International Passport or Letter of confirmation of identity from the bank or a Notary Public which must have a stamped passport photograph.
   - **NOTE:** Where the NOK is a minor, one passport photograph and birth certificate are required.

8. **Private Sector Clients without Life Insurance Benefit**
   - **PAL will request for the remittance of the deceased Life Insurance Proceeds from the employer.**

9. **Death Certificate or Registration of death**
   - A copy of the deceased death certificate/registration of death is required.

10. **Letter of administration OR Will**
    - A.) A deceased’s NOK is required to obtain a letter of administration from a high court or jurisdictional customary court in cases where the deceased client died interstate i.e. without a valid will. Where there is more than one administrator, a consent letter and sworn affidavit of consent is required. In the course of obtaining the LA, it is not necessary to present the deceased RSA as part of the assets of the deceased.

**OFFICIAL USE**

**RECEIVING OFFICER:** I confirm that all original documents were sighted by me

NAME: ....................................................

BRANCH: ..................................................

DATE: ....................................................

SIGNATURE: ............................................

**HEAD OFFICE (PENSION SERVICE CENTRE)**

NAME: ....................................................

DATE: ....................................................

SIGNATURE: .............................................