

DEATH NOTIFICATION FORM

A. RSA Holder's Name

PIN

Date of Death

Employer Name

B. Full Names of Beneficiary:.....

Residential Address:.....

Email Address:.....

Mobile Number:.....

C. NOTIFICATION (To be completed by the claimant)

This is to formally notify PAL Pensions that

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died on.....and I/we hereby request and authorize the company to pay the benefit due in the deceased RSA holder's Retirement Savings Account.

D. CERTIFICATION BY THE CLAIMANT _____

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

E. 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 Names:.....

Signature/Date.....