

APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT - DEATH BENEFIT (PUBLIC)



CUSTOMER DETAILS

RSANumber

P	E	N																		
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Date: (dd-mm-yyyy)

Note: ALL alterations on this form MUST be counter signed by the Customer.

Title	Surname	First name	Other names

Next of Kin/Beneficiary/administrator details

Title	Surname	First Name	Other names

Residential address (Kindly note that the address & phone number would be used for further correspondence with you)

E-mail

Mobile Number

Alternate Number

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Bank Payment details

Bank Account Number	Bank Name	Bank Branch

Kindly provide us with any of the following documents below to further validate the bank details provided above

APPLICATION CHECKLIST FOR DEATH BENEFIT (PUBLIC)		
Certified true copies (3) of LOA or Will admitted to probate		Copy of First Appointment letter
Death Certificate		Copy of Pay slip as at 30 <sup>th</sup> June 2004
Police report (If Death IS by accident)		Copy of Pay slip within the year of demise
Estate Account/ Administrator Designated Account		Copy of Declaration of Age/ Birth certificate
Power of attorney (Where not all the administrators are signatory to the bank account)		Letter of introduction from Ministry/Dept./Agency, stating date of birth, date of death, grade level and step as at June 2004, and grade level and step as at death.
A Passport photograph each of Deceased and NOKs/Administrator		
Proof of enrollment with LPPFA		
Means of Identification for all Administrators/NOKs		

I confirm that the information supplied above by me is true and correct and hereby indemnify LEADWAY PENSURE PFA LTD, and its officers from any liability whatsoever arising out of untrue information provided by me above.

.....  
 Contact Name ..... Contact's Signature & Date .....

OFFICIAL USE

I hereby certify that original copies of all documents submitted were sighted by me, and the application was duly completed.

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 Name of Receiving Officer ..... Signature & Date ..... Branch Telephone Details .....

✂ ----- Acknowledgement--Customer's copy ----- ✂

Name of contact .....

BANK PAYMENT DETAILS

Bank Account Number	Bank name	Bank branch

APPLICATION CHECK LIST		
Certified true copies (3) of LOA or Will admitted to probate		Copy of First Appointment letter
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Police report (If Death IS by accident)		Copy of Pay slip within the year of demise
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A Passport photograph each of Deceased and NOKs/Administrator		
Proof of enrollment with LPPFA		
Means of Identification for all Administrators/NOKs		

.....  
 Name of Receiving Officer ..... Signature & Date ..... Branch Telephone Details .....

Dear Customer, kindly ensure to collect and keep this acknowledgement for record purpose. For further enquiries, please contact us on 01-2800800 or 01-2915949. We shall also update you on the progress of your application at every stage of processing till payment of your benefit.