

Temporary

NATIONAL PENSION COMMISSION
DEATH NOTIFICATION FORM (APPENDIX I)

From MDA

To: PenCom

Name of Employee:/...../.....

Surname

First Name

Middle Name

Date of Birth: (DD/MM/YYYY)..... Gender: (Male/Female).....

Marital Status.....

State of Origin: Local Govt. Area.....

Date of Death (dd/mm/yy)..... Cause of death.....

Date of Appointment (dd/mm/yy)..... File Number.....

Designation..... Grade Level..... Step.....

Total Annual Emolument: N.....

Name & Address of Next of Kin:

.....

Has employee opened RSA? (yes/no)

Name of PFA: PIN No:

Has death been reported under the former insured scheme: (yes/no).....

If yes, Name of the Scheme:

If yes, has any payment been made: (yes/no).....

Details of former Insurer:

Remarks:

We hereby give you formal notice that Mr./ Mrs.

.....died on the day of 20..... and we hereby advise

and authorize you to pay the death benefit due in respect of the deceased, to his/her

Retirement Savings Account Number with (name of PFA)

..... through the custodian.

We enclose the following document: (original to be sighted)

- i. Medical Certificate of Death/Cause of Death
- ii. Certificate of Registration of Death
- iii. Police Report (if death is by accident)
- iv. Burial warrant issued by Local Govt. Council
- v. Evidence of Death/Burial issued by Imam or Pastor
- vi. Copy of Obituary poster (if any)
- vii. Declaration of wish/evidence of nomination of next of kin

Dated this day of..... 20.....

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For MDA (Officer not below Director Grade)

Initiated by:

Contact telephone: