



DEATH CLAIM NOTIFICATION FORM

NAME OF EMPLOYER

ADDRESS.....

DECEASED NAME (IN FULL).....

DATE OF BIRTH OF DECEASED.....

AGE AT DEATH..... DATE OF DEATH.....

LAST MINISTRY PRIOR DEATH.....

CAUSE OF DEATH.....

ORACLE NUMBER.....

PFA NAME/PIN NUMBER:.....

LAST PAY SLIP AMOUNT.....

We confirm that the above named person was our employee/member of the scheme as at the date of death. We also declare that the answers to the foregoing questions are true and hereby request and authorize you to pay the benefits due.

DATED THIS..... DAY OF, 20.....

NAME OF DECLARANT (HEAD OF DEPARTMENT).....

WITNESS NAME

DATE.....

**SIGNATURE OF DECLARANT
(HEAD OF DEPARTMENT)**

SIGNATURE OF WITNESS/ STAMP