

*Death Claim form  
For Settlement of Accrued Benefits (Tier 2&3)*



**NOTES:**

- (1) This Form is to be completed by any person who wishes to claim for payment of accrued benefits
- (2) Please use BLOCK LETTERS for completion of this Form
- (3) Please write "N/A" if not applicable
- (4) The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority ("the Authority") in activities relating to the processing of the claim and may be disclosed to other parties for such purposes.

Complete where applicable using block letters or

**CLAIMANT SECTION – TO BE COMPLETED BY BENEFICIARY OF DECEASED EMPLOYEE**

**SECTION I – DETAILS OF THE CLAIMANT(S):**

No.	Full Name(Sur/First/Middle Names)	Age:	Sex (F/M):	ID Type & No.	SNITT No.	P O Box	Mobile No.	Email Address	Relationship to Deceased
1									
2									
3									
4									
5									
6									
7									

\*Kindly include supplementary sheet to include additional beneficiary details if beneficiaries are more than seven.

## SECTION II – DETAILS OF THE CLAIM:

### 1. SCHEME INFORMATION OF DECEASED AND ACCOUNT NUMBER(S) AGAINST WHICH PAYMENT(S) ARE CLAIMED:

IDENTIFICATION & SCHEME INFORMATION OF DECEASED					
Name (Full Name& Dob):	First:	Other:	Surname:	Date Of Birth: [DD/MM/YY]	
Scheme Id:	SNNIT Number:	Deceased's indebtedness To Employer /Third Party Liabilities(Gh¢):			
DETAILS OF DECEASED'S EMPLOYER					
Employer Name:	Office Phone:	Fax:	Email:		
Location Address	Notable Land Mark		Postal Address		

### 2. Preferred Method of payment: (Please tick '✓' the appropriate box)

**Please note:**

- All Beneficiaries must fill in their bank details
- Where you prefer to be paid by transfer, beneficiary must ensure that the bank account details supplied are in respect of the **beneficiary's own account**.

No.	Account Name	Preferred Means of Payment(Chq/Transfer)	Account Number	Bank Name	Branch	Type of Account(savings/Current)
1						
2						
3						
4						
5						
6						
7						

\*Kindly include supplementary sheet to include additional beneficiary details if beneficiaries are more than seven.

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**Section III - Documents Enclosed**

i. Kindly Enclose All forms in the below Section. (Please tick '✓' the appropriate box)

A copy of each claimant's ID card for verification of identity.  A copy of deceased's ID card.

A copy of deceased's beneficiary mandate signed with employer or Letter of Administration

ii. Kindly Enclose ANY 3 of the below documents. (Please tick '✓' the appropriate box)

Death Certificate,  Medical Certificate of Cause of Death,  Burial Permit,  Mortuary Placement Documents  Obituary

**Section IV – Claimant(S) Declaration**

- 1) I / We\* declare and certify that to the best of my/our \* knowledge and belief, the information given in this Form and its attachments is correct and complete;
- 2) I / We\* are duly informed and to my /our \* full understanding that, I / we\* will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.
- 3) I/We\* agree that proceeds of the provident fund/personal pension scheme balance may be used to repay the loan owed to the employer of the deceased. We agree for Enterprise Trustees to pay the amount stated as outstanding liabilities be paid to the employer. We understand that such payment shall constitute a valid discharge to Enterprise Trustees.

No.	Full Name/Account Name	Preferred Means of Payment(Chq/Transfer)	Date[DD/MM/YY]	Signature of Beneficiary
1				
2				
3				
4				
5				
6				
7				

**Section V – Staff Liabilities: (To be completed by Employer)**

1. Does Deceased Staff have any outstanding staff loans or third party liabilities secured with PF Yes  No

If yes, how much (GH¢)

## Section V – Employer Declaration

1. We the employers of Mr./Miss/Mrs./ ..... Declare and certify that to the best of our knowledge and belief, the information given in this Form and its attachments is correct and complete;
2. We\* are duly informed and to my /our \* full understanding that, I / we\* will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.

### Beneficiary Details:

No.	NAME:	AGE:	RELATIONSHIP	% Split
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

### Employer Information:

Name of Organization		Official Stamp of Organization
Name (Human Resource Manager)		
Contact E-mail		
Contact Number		
Signature	Date[DD/MM/YY]:	
Name (CEO/Head of Finance)		
Contact E-mail		
Contact Number		
Signature:	Date[DD/MM/YY]:	