



NATIONAL PENSION COMMMISSION

DEATH NOTIFICATION FORM (APPENDIX 1)

To: PenCom From: MDA Name of Employee...../..../...../ First Name Middle Name Surname Date of Birth (DD/MM/YYYY)......Gender (Male/Female)..... Marital Status..... State of OriginLocal Government Area..... Date of Death (DD/MM/YYY)Cause of Death Date of Appointment (DD/MM/YYY)......File Number Total Annual Emolument (#) Name & Address of Next of kin Has Employee opened RSA? Yes/No Name of PFAPIN 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..... due in respect of the deceased, to his/her Retirement Savings Account Number with We enclose the following documents (Original to be sighted) Medical Certificate of Death/Cause of Death Gertificate of Registration of Death • Police Report (if death is by accident) Se Burial Warrant issued by Local Government Council Evidence of Death/Burial issued by imam or Pastor • Copy of Obituary poster (if any) Declaration of wish/evidence of nomination of next of kin 9 For MDA (officer not below Director grade) Initiated by: Contact Telephone: