

**NAPOTEL PENSION FUND**  
Income Tax Ref. No.12/1/12/318    Registration No 25/7/7/301  
**DEATH BENEFIT RECIPIENT ADVANCE CLAIM FORM**  
**PAYMENT TO TRUST**

**A DECEASED MEMBER DETAILS**

<b>Employer / Cost Centre</b>				<b>Company Ref. No</b>	
<b>Title, Initials, Surname</b>	Title	Initials	Surname		
<b>First Names</b>				<b>Date of Birth</b>	DD / MM/ YYYY
<b>Identity number</b>	ID or passport number			<b>Date of death</b>	DD/MM/YYYY

**B BENEFICIARY DETAILS**

<b>Title, Initials, Surname</b>	Title	Initials	Surname		
<b>First Names</b>				<b>Date of Birth</b>	DD / MM/ YYYY
<b>Identity number</b>	ID or passport number	Relationship to deceased			
<b>Contact details:</b>	Postal:	Phone:		e-Mail:	

**C GUARDIAN DETAILS**

<b>Title, Initials, Surname</b>	Title	Initials	Surname		
<b>First Names</b>				<b>Date of Birth</b>	DD / MM/ YYYY
<b>Identity number</b>	ID or passport number	Relationship to deceased			
<b>Contact details:</b>	Postal:	Phone:		e-Mail:	

**D PAYMENT INSTRUCTION**

<b>TRUST DETAILS</b>	
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**Principal Officer**

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Date: DD / MMYYY

The following documents are to be submitted:

- Identity document of deceased member
- Death certificate of deceased member
- Full Birth Certificate - Minor Children
- Confirmation of guardianship - Minor Children
- Identity document of the guardian
- Duly signed Trustee resolution i.r.o advance payment  
(trustee resolution must indicate that payment should be made to the Napotel Dependents Trust)