

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

**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 RECIPIENT 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:	

\_\_\_\_\_  
Name / Signature of recipient

\_\_\_\_\_  
Date: DD / MMYYY

The following documents are to be submitted:

- Identity document of deceased member
- Death certificate of deceased member
- Marriage certificate
- Full Birth Certificate – Minor Children
- Confirmation of guardianship – Minor Children
- Payment to Trust – Minor Children (Form to be updated)
- Duly signed Trustee resolution i.r.o advance payment
- Identity document of the recipient
- Supporting documents for the advance request
- Banking details of the recipient originally verified by the bank.

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**C PAYMENT INSTRUCTION**

<b>Recipients* initials &amp; surname</b>				
<b>Recipients* date of birth</b>				
I herewith request that the advance payment be paid into my bank account:				
<b>Electronic transfer</b>	<b>Note: Payment to third party accounts or joint accounts is prohibited.</b>			
	<b>Bank account Holder full names</b>			
	<b>Bank account Holder ID number</b>			
	<b>Bank name</b>			
	<b>Bank branch name and code</b>	Branch name	Branch code	
	<b>Bank account number*</b>	*for NamPost Savings Bank account: unique serial number (USN)		
	<b>Type of account</b>	Cheque / savings / other	<b>Joint account</b>	No
<p><b>Declaration by Bank Official:</b> I, _____ (Bank Official's full names) guarantee that the above banking details are those of the person reflected in Section B above and have been verified to be factually true and correct.</p>				
<b>Bank Official's signature</b>		Date: DD / MM/ YYYY	BANK STAMP	

I, \_\_\_\_\_  
(Recipients Full Names & ID number)

- declare that the banking details contained in this document are my own and that all information contained in this document has been verified to be factually true and correct.

\_\_\_\_\_  
**Recipients signature**

\_\_\_\_\_  
**Date**