



GIPF

Government Institutions
Pension Fund

ANNUITANT'S DEATH

(Please print and complete in full)

1. PARTICULARS OF THE DECEASED

1. Membership Number	<input type="text"/>
2. Surname	<input type="text"/>
3. First Name	<input type="text"/>
4. Identity Number	<input type="text"/>
5. Gender (please select)	
6. Marital Status (please select)	
7. Date of death	<input type="text"/>
8. The deceased was (please select)	

2. PARTICULARS OF THE QUALIFYING SPOUSE / CLAIMANT

1. Surname	<input type="text"/>
2. First Name	<input type="text"/>
3. Identity Number	<input type="text"/>
4. Date of Marriage	<input type="text"/>
5. Name of Bank	<input type="text"/>
6. Branch Name	<input type="text"/>
7. Branch Code	<input type="text"/>
8. Account Number	<input type="text"/>
9. Type of Account	<input type="text"/>
10. Postal Address	<input type="text"/>
11. Residential Address	<input type="text"/>
12. Contact number (H)	<input type="text"/>
(W)	<input type="text"/>
(Cell)	<input type="text"/>

3. CHILDREN'S PARTICULARS

Please list all minor and major children

Full name	Date of birth	Relationship to deceased	Name of guardian

NB: Please provide particulars of major children separately i.e. sworn declaration, proof of banking particulars and postal address.

09/001/2015

4. DOCUMENTS REQUIRED

Please provide us with **certified copies** of the following documents, whenever applicable, to enable us to finalize the claim within the specified time.

	Single Member	Married Member	Spouse	Children
Death Certificate	X	X	X	X
Marriage Certificate / Declaration of traditional marriage from traditional authority		X		
Full Birth Certificate / Identity Document of Member / Spouse(s) / Child(ren) / Guardian(s)	X	X	X	X
Proof of Banking Particulars of Spouse(s) / major Child(ren)	X	X	X	X
Letters of Executorship / Authority	X			
Sworn declaration of major Child(ren) / Guardian(s) of minor and dependent child(ren)	X			

5. DECLARATION OF CLAIMANT / INFORMANT

1. I, the undersigned, do hereby declare that all particulars furnished in this form are true and correct.

2. Full Name _____

3. Relationship to deceased _____

4. Postal Address _____

5. Residential Address _____

6. Contact number (H) _____ (W) _____ (Cell) _____

7. E-mail Address _____

8. Signature _____ Date _____

6. DECLARATION AND CERTIFICATION (COMMISSIONER OF OATHS)

I, the undersigned, hereby certify that all particulars furnished in this form are true and correct.

Full Names _____

Official Designation _____

E-Mail Address _____

Telephone No. _____

Fax No. _____

Signature _____ Date _____

Official Date Stamp

For Official use only

Stop Date:

Signature: