



GIPF

Government Institutions
Pension Fund

BENEFIT CLAIM

(To be completed by an authorised personnel/HR officer)

1. PARTICULARS OF MEMBER

01. Membership Number	<input type="text"/>
02. Employee code/Salary Number	<input type="text"/>
03. Benefit Type Resignation:	<input type="checkbox"/> Cash withdrawal <input type="checkbox"/> Transfer <input type="checkbox"/> Deferred Pension
(Tick where applicable) Retirement:	<input type="checkbox"/> Normal Retirement <input type="checkbox"/> Late Retirement <input type="checkbox"/> Early Retirement
	<input type="checkbox"/> Ill-Health / Disability <input type="checkbox"/> Death Before Retirement
	<input type="checkbox"/> Other Benefits (Specify) _____
04. Employer/Ministry	<input type="text"/>
05. Surname	<input type="text"/>
06. First Names (in full)	<input type="text"/>
07. Maiden Name (if applicable)	<input type="text"/>
08. Identity Number	<input type="text"/>
09. Gender (M=Male F=Female)	<input type="text"/> M <input type="text"/> F
10. Marital Status (M=Married S=Single D=Divorce W=Widow(er))	<input type="text"/> M <input type="text"/> S <input type="text"/> D <input type="text"/> W
11. Income Tax Number	<input type="text"/>
12. Starting Salary (per annum)	<input type="text"/> - <input type="text"/>
13. Admission Date to the Fund	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
14. Last Working Day	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
15. Final Salary (per annum)	<input type="text"/> - <input type="text"/>
16. Constituency: _____	Region: _____
17. Nomination Form: Completed by the member	<input type="text"/> YES <input type="text"/> NO Attached <input type="text"/> YES <input type="text"/> NO

2. PARTICULARS OF PAYMENT

01. Name of Payee/Account Holder	<input type="text"/>
02. Name of Bank	<input type="text"/>
03. Branch Name	<input type="text"/>
04. Branch Code	<input type="text"/>
05. Account Number	<input type="text"/>
06. Type of Account (Tick where applicable)	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Current <input type="checkbox"/> Other _____
	(Please specify)

3. MEMBER'S DEBT

Amount owed to employer which may be deducted from the benefits in terms of the Rules of the Fund. Only approved deductions as stipulated in Section 37D of the Pension Fund Act will be deducted.

Type of debt: N\$.....

4. DECLARATION AND CERTIFICATION (EMPLOYEE/CLAIMANT)

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

Full Name	<input type="text"/>
Relationship	<input type="text"/>
Postal Address	<input type="text"/>
Residential Address	<input type="text"/>
Telephone No	(h) <input type="text"/> (w) <input type="text"/>
Cellphone No	<input type="text"/>
E-Mail Address	<input type="text"/>
Signature	<input type="text"/>

5. DETAILS OF NEXT OF KIN

NEXT OF KIN

01. Surname	<input type="text"/>
02. First Names	<input type="text"/>
03. Identity Number	<input type="text"/>
04. Cellphone Number	<input type="text"/>

NEXT OF KIN

01. Surname	<input type="text"/>
02. First Names	<input type="text"/>
03. Identity Number	<input type="text"/>
04. Cellphone Number	<input type="text"/>

6. DOCUMENTS REQUIRED

Please provide us with **original certified copies** of the following documents, **as required per type of benefit**, to enable us to finalise the request/claim within the prescribed time.

DOCUMENTS	Resignation	Normal Retirement	Unclaimed Benefit	III- Helath/ Disability	Other Retirement	Death
Identity Document (Member/Spouse/Guardian(s)/Dependents/Nominees/Deceased's Parents)	x	x	x	x	x	x
Proof of banking particulars (Member/Spouse/Guardian(s)/Dependents/Nominees/Deceased's Parents)	x	x	x	x	x	x
Certificate of Registration as a Taxpayer for Income Tax	x	x	x	x	x	x
Notification of Termination of Service	x		x			
Full Birth Certificates of qualifying children						x
Marriage Certificate / Declaration / Letter or Certificate of Traditional Marriage from a recognised Traditional Authority / Final Divorce Order)		x	x	x	x	x
Last pay slip/proof of back pay/calculation sheet (where applicable)	x	x	x	x	x	x
Request for Transfer of Benefits	x		x			
A letter explaining the delay in submitting the claim			x			
Notification of Collateral Security	x	x	x	x	x	x
Permission for Deduction of Debt	x	x	x	x	x	
Salary Notches/Staff Record Card	x	x	x	x	x	
Medical Board Report				x		
Appointment Letter from the Office of the President					x	
Public Service Commission/Employer Approval Letter				x	x	
Death Certificate						x
Beneficiary Nomination Form		x	x	x	x	x
Guardianship Certificate (in case of minor beneficiaries)						x
Letters of Executorship/Authority (in case of a single member with no beneficiaries and nomination form)						x

7. DECLARATION AND CERTIFICATION FOR AND ON BEHALF OF EMPLOYER

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

Full Names _____

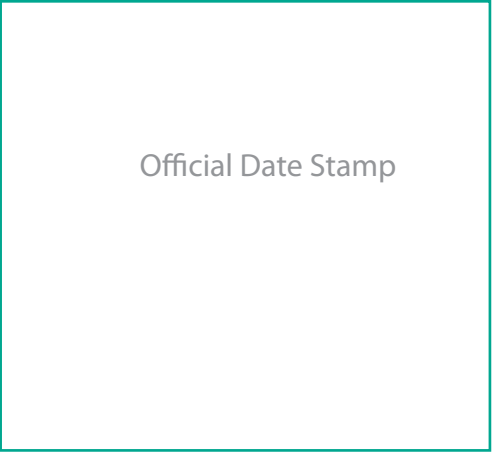
Official Designation _____

E-Mail Address _____

Telephone No. _____

Fax No. _____

Signature _____ Date _____



NB: To be completed by an authorised HR Officer.

FOR OFFICIAL USE ONLY

Specimen Signature verified:

Y	N
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 Specimen Signature Matching:

Y	N
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Verified and processed by: _____ Signature: _____