

DEATH BENEFIT REGISTRATION FORM

DBA/037/

1. Next- of- Kin Personal Data:

<input type="text"/>										<input type="text"/>										<input type="text"/>									
First Name										Middle Name										Surname									
<input type="text"/>					<input type="text"/>					<input type="text"/>		<input type="text"/>		<input type="text"/>					<input type="text"/>										
Title					Date of Birth (dd/mm/yy)					Sex (M/F)		Marital Status (M/S/D/W)		State of Origin (See reverse code)					Local Government (See reverse code)										

Relationship

Permanent Residential Address:

Phone No: E-Mail:

Name of Bank

Account Name

Account No: Branch

2. Deceased Personal Record:

First Name Middle Name Surname

Name of Employer

Office Address

Town State (See reverse code)

Designation

File No: Or ID No: Date of first Employment Date of Death

Salary Structure Grade Level Step

CERTIFICATION BY NOK

I hereby certify that the information provided is true and correct

Signature & Date

Left Thumb Print

Right Thumb Print

Next of Kin's
Passport
Photograph

Passport Photo

FOR OFFICIAL USE

4 PLEASE ATTACH COPIES OF:

Yes

No

(1) First Appointment Letter

(2) Birth Certificate or Declaration of Age of the Deceased

(3) Last Pay Slip

(4) Pay Slip as at June 2004

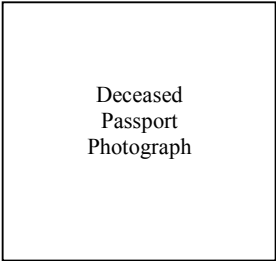
(5) Letter of Introduction from MDA stating Date of 1st appointment,
Date of Birth, Grade Level & Step as at June 2004 and
Grade Level & Step as at Month of Death

(6) Death Certificate or Evidence of Death

(7) Letter of Administration/Will admitted to Probate

(8) Affidavit of Next of Kin (Declaration of Wish/Evidence of NOK)

(9) Next of Kin's Banker's Confirmation Letter



DEAD/MISSING PERSON NOTIFICATION REPORT

1. Account Holder's Particulars:

<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Surname	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> First Name	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Middle Name		
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> PIN	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Date of Birth (dd/mm/yy)	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Sex (M/F)	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Effective Date of Retirement (dd/mm/yy)	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Marital Status (M/S/D/W)
Date of Retirement (if a retiree): <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> (dd/mm/yy)	Date of Death: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> (dd/mm/yy)	Date of Death/Disappearance (if a missing person): <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> (dd/mm/yy)		

2. Employment Details:

Employer Name & Address

Employer Code

3. Details of Benefits:

Accumulated Contributions to Date: ₺

Status of Retirement Bond (if a public sector employee) ₺

Expected Contribution to Date of Death/Missing ₺:

Status of Accrued Benefits (if a private sector employee) ₺

Balance of Retirement Benefits (if a retiree) ₺:

Status of life Insurance Policy: Amount ₺ State if paid to RSA: Yes No

PFA Code

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Certification by PFA:

Authorised Signatory

Official Stamp

Name: _____ Designation: _____ Date: _____

DOCUMENTS TO BE ATTACHED:

- (i) **CTC of Retirement Bond Certificate.**
- (ii) **Police Report.**
- (iii) **Employer's confirmation of employee's disappearance.**
- (iv) **Newspaper publication of missing person**
- (v) **Letter of Administration.**
- (vi) **Will admitted to probate.**