

**PSSS.5**

**DEATH BENEFITS CLAIM FORM**

**PART1: PARTICULARS OF DECEASED MEMBER**

Full Name of Member: \_\_\_\_\_

Personal/Employment No: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ Date of Death: \_\_\_\_\_

**PART 2: PARTICULARS OF CLAIMANTS**

	NAME	RELATIONSHIP TO DECEASED	NATIONAL ID/ BIRTH CERTIFICATE ENTRY NO.	KRA PIN NO. (WHERE APPLICABLE)	MOBILE NUMBER
1					
2					
3					
4					
5					

**Claimants' (or first claimants) current home particulars**

- County ..... Subcounty.....
- Location..... Sublocation.....
- Village ..... Chief's name.....

**PART 3: OPTIONS AVAILABLE TO THE BENEFICIARIES (Tick one option)**

1. Refund of 1/3 of total benefits payable as lumpsum and the remaining 2/3 to be utilized to purchase an annuity.
2. Refund of 1/3 of total benefits payable as lumpsum and the remaining 2/3 be paid out in the form of regular income from an income drawdown Fund
3. Utilize 100% of total benefits payable to purchase an annuity
4. Utilize 100% of total benefits payable to receive a regular income from an income drawdown Fund
5. Transfer the benefits to a Trust Fund for minor beneficiaries

6. Refund of 100% of accumulated credit to beneficiary(ies) as lumpsum

N/B: The options are subject to the discretion of the Trustees.

Mobile Phone Number (s):.....

*\* Please note that the M-Pesa payment option is applicable for benefits less than KES 500,000*

**PART 6: DECLARATION**

- I. I (we) understand that the Trustees of the Fund have the final discretion on the settlement of benefits from the fund and will be guided by the provisions of the applicable laws.
- II. I (we) also confirm that the Bank Account and/or the M-Pesa Phone Number details I have provided above are correct and discharge the Trustees of any liability that may arise out of using the indicated information for settlement of my benefits.
- III. I (we) understand that PSSS shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me in this form. If a transaction is delayed or is not completed due to incomplete or incorrect information, I shall not hold PSSS responsible.

1<sup>st</sup> Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF MORE THAN TWO CLAIMANTS AFFIX YOUR SIGNATURE ALONG THE RIGHT MARGIN

Signed in the presence of: Full name of witness \_\_\_\_\_ ID No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration**

I confirm that the information is correct to the best of my knowledge

Name: .....Signature.....

Designation .....Date .....Official stamp

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**\* LIST OF DOCUMENTATION**

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1. A certified copy of the Death Certificate of the deceased member
  2. A certified copy of marriage Certificate or Affidavit of marriage (where applicable)
  3. A certified copy of the Birth Certificate of the deceased member's children.
  4. Certified Copies of claimants' National Identity Cards
  5. Clear copy of the front-page ATM/bank Card for each beneficiary
  6. The form must be witnessed.
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