DEATH BENEFITS WITHDRAWAL APPLICATION FORM

(Please complete in block letters)

I hereby apply to Guaranty Trust Pension Managers Limited to withdraw death benefits from the Retirement Savings Account (RSA) with the details below:

A. DECEASED ACCOUNT HOLDER'S DATA

RSA PIN | P | E | N | | | | | | | | | | | | | |

TITLE (Mr/Mrs/Miss/Dr./Other)

....
SURNAME   MIDDLE NAME   FIRST NAME

DATE OF DEATH: .... (dd/mm/yyyy)

EFFECTIVE DATE OF RETIREMENT: .... (dd/mm/yyyy)

MARITAL STATUS (tick as appropriate): ☐ Married ☐ Single ☐ Divorced ☐ Widow   Others (specify pls): ....

PERMANENT HOME ADDRESS: ....

....

LAST EMPLOYMENT DETAILS

Last Employer's Name: ....

Last Employer's Address: ....

Staff ID No.: .... Grade Level: .... Position: ....

B. DETAILS OF NEXT OF KIN (NOK)/CLAIMANT

TITLE (Mr/Mrs/Miss/Dr./Other)

....
SURNAME   MIDDLE NAME   FIRST NAME

PERMANENT HOME ADDRESS: ....

....

CURRENT CONTACT ADDRESS (Traceable Street, Not P.M.B. or P.O. Box): ....

....

....

OCCUPATION: ....

EMPLOYER'S NAME AND OFFICE ADDRESS: ....

....

....

OFFICE PHONE NO: ....MOBILE PHONE: ....

E-MAIL:..

RELATIONSHIP WITH THE DECEASED (please tick as appropriate)

BENEFICIARY UNDER WILL (please attach a copy of the will):............................... ☐

WIFE/HUSBAND: .... ☐

SON/DAUGHTER: .... ☐

NEXT OF KIN: .... ☐

OTHERS (Please specify):.. ☐

C. BANK ACCOUNT DETAILS

BANK NAME: .... BRANCH: ....

ACCOUNT NAME: (must be the same as name in Letter of Admin or Will): ....

ACCOUNT NO | | | | | | | | | | |

SORT CODE | | | | | | | | | |

Note: Please see required document behind and note that only application with ALL the required documents will be processed. If any document is missing, the application will be considered INCOMPLETE and will NOT be ACCEPTED until all documents are submitted.

D. DATA PRIVACY

The company takes your privacy seriously and only processes your personal information to make your experience better. In accordance with NDPR and other applicable regulations, signing below indicates your consent to the processing of your personal data by Guaranty Trust Pension Managers, its strategic partners/service providers, Guaranty Trust Holding Company and its subsidiaries as detailed in our Privacy Policy available at https://www.gtpensionmanagers.com/our-privacy-policy/

Signature:.. Date:...(dd/mm/yyyy)

I.. of ....

.... declare that the information provided above is to the best of my

knowledge true and accurate and hereby indemnify Guaranty Trust Pension Managers Limited and its officers

of any liability whatsoever arising out of the information provided by me above.

....
Signature & Date

Right Thumbprint   Left Thumbprint   Passport Photograph
(write the RSA PIN behind)

Documents required to be attached to this application form:

i.   Letter of Administration or Will admitted to Probate

ii.   Any of the listed documents below:
1.   Certificate of Death/Cause of Death;
2.   Certificate of Registration of Death;
3.   Police Report (if death is by accident);
4.   Burial Warrant issued by a Local Government Council;
5.   Evidence of Death/Burial issued by an Islamic Community Head or Judge of a Sharia Court.
6.   Evidence of Death/Burial issued by a Leader of a registered church.
7.   Copy of Obituary Poster (if any)

Acceptable means of identification of the claimant/survivor (Either of Driver License, or National ID card, International Passport or bank confirmation).

iii.   Notification of Death from the employer addressed to Guaranty Trust Pension Managers Limited. Or

iv.   Notification of Death from the survivor/NOK addressed to Guaranty Trust Pension Managers Limited.

v.   Two recent passport photographs of the claimant/survivor.

vi.   PENCOM Death Notification Form (to be completed and send to PENCOM by the employer (MDAs) of the deceased staff (Public Sector Only).

FOR OFFICIAL USE ONLY

I hereby certify that this application was duly completed and submitted along with required documents.
I also confirm that originals of documents are sighted by me at point of application submission.

Name of Officer:_____ Signature & Date: _____ Receiving Office: _____

Benefit Administration
1.   Amount Processed for Payment:
Enbloc: ₦..   Enbloc: ₦..
Arrears: ₦..   Enbloc: ₦..
Total: ₦..
2.   Processed By: .... (Name, Sign & Date)
3.   Verified By: ....(Name, Sign & Date)
4.   Internal Audit: .... (Name, Sign & Date)
5.   Head Benefit: .... (Name, Sign & Date)