

PSSF.5

DEATH BENEFITS CLAIM FORM

PART 1: 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)

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

1st Claimant's Signature: _____ Date: _____

2nd 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 _____ IDNo: _____

Signature: _____ Date: _____

Declaration

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

Name: Signature

Designation Date Official stamp

LIST OF DOCUMENTATION

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.