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APPLICATION FOR SECOND TIER / TOTAL INCAPACITY BENEFIT

UNDER NATIONAL PENSIONS ACT, 2008 (ACT 766)

All **SECTIONS** should be completed by Claimant.

SECTION I – TYPE OF BENEFIT APPLIED FOR (Section 101)		
<i>(Please tick 'v' one box)</i>		NB: If you tick <i>TOTAL INCAPACITY</i>, attach a <i>CERTIFIED MEDICAL REPORT</i>
<input type="checkbox"/> Retirement (60yrs)	<input type="checkbox"/> Voluntary Retirement(55yrs)	<u>TEMPORARY PENSION FUND</u> <input type="checkbox"/> 5% Lump Sum
<input type="checkbox"/> Permanent Emigration	<input type="checkbox"/> Total Incapacity	

SECTION II – CLAIMANT'S PERSONAL DETAILS															
BROADVIEW TRUST ID		COMPANY NAME													
SOCIAL SECURITY NUMBER		ER NUMBER													
CLAIMANT'S FULL NAME															
SURNAME		FIRST NAME													
OTHER NAME(S)															
CLAIMANT'S PREVIOUS / MAIDEN NAME (If any)															
SURNAME		FIRST NAME													
OTHER NAME(S)															
DATE OF BIRTH		DATE JOINED SCHEME		DATE OF RETIREMENT											
D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
CURRENT POSTAL / CONTACT ADDRESS															
TEL No.:				MOBILE:				EMAIL:							
PERMANENT RESIDENTIAL ADDRESS / LOCATION															
SSNIT ENROLMENT NUMBER OF LAST EMPLOYER								NAME OF LAST EMPLOYER							

SECTION III – PAYMENT INSTRUCTIONS

NAME OF BANK	BRANCH	ACCOUNT NUMBER

SECTION IV – BVMT PROVISIONAL STATEMENT OF BENEFIT STATUS

DO YOU ACCEPT YOUR CURRENT STATEMENT OF ACCOUNT?

 YES NO, I request for an Amendment
SECTION V – PARENTAL DETAILSNAME OF FATHER (*Please write name in FULL*)

SURNAME	FIRST NAME
OTHER NAME(S)	

NAME OF MOTHER (*Please write name in FULL*)

SURNAME	FIRST NAME
OTHER NAME(S)	

SECTION VI – DECLARATION

I CERTIFY that the facts stated above are to the best of my knowledge true and accurate.

LEFT THUMB PRINT		<i>Tick which finger was used</i>	RIGHT THUMB PRINT	
	INDEX		INDEX	
	3		3	
	4		4	
	5		5	

Signature or Mark of Claimant_____
Date of Completion***In the presence of***_____
WITNESS: Name of Scheme Contact Person_____
Signature of Scheme Contact Person_____
Date

INSTRUCTIONS

Claimants should ensure that they read instructions carefully before completing this form

- (1) This Form is to be completed by anyone who wishes to make a claim for payment of accrued benefits.
- (2) Please use **BLOCK LETTERS** for completion of this Form.
- (3) Please write "**N/A**" if not applicable
- (4) An **original ID card** should be presented for verification of identity card number(s) and a copy attached to the application.
- (5) An **Employer Retirement Letter** should be obtained and submitted for **Retirement (60yrs)** benefit applications.
- (6) The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority ("the Authority") in activities relating to the processing of claim and may be disclosed to other parties for such purposes.