



Affix a recent passport sized photograph here

# APPLICATION FOR SURVIVOR'S BENEFIT

UNDER NATIONAL PENSIONS ACT 2008, ACT 766

## SECTION I – DECEASED MEMBER'S DETAILS

SOCIAL SECURITY NUMBER BROADVIEW TRUST ID		COMPANY NAME ENROLLMENT NUMBER	
NAME OF DECEASED MEMBER			
SURNAME	FIRST NAME	OTHER NAME(S)	

## SECTION II – APPLICANT'S DETAILS

NAME OF APPLICANT		
SURNAME	FIRST NAME	OTHER NAME(S)
CURRENT POSTAL / CONTACT ADDRESS OF APPLICANT		
TEL No.:	FAX No.:	EMAIL:
CURRENT RESIDENTIAL LOCATION OF DEATH REPORTER		
APPLICANT'S RELATIONSHIP TO DECEASED MEMBER		

## SECTION III – DECLARATION

I, the undersigned, being the person entitled to receive the whole or part of the amount due to the above named deceased member of the scheme, do hereby declare that the facts stated above are true and accurate.

**NB:** Thumb Prints can ONLY be taken at the place of submission

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 Death Reporter

\_\_\_\_\_  
Date of Completion

**In the presence of**

\_\_\_\_\_  
**WITNESS:** Scheme contact person

\_\_\_\_\_  
Signature of Scheme contact person

\_\_\_\_\_  
Date

