

DEATH BENEFIT REGISTRATION FORM

1. Next - of - Kin Personal Data:

<input style="width: 100%; height: 20px;" type="text"/> First Name	<input style="width: 100%; height: 20px;" type="text"/> Middle Name	<input style="width: 100%; height: 20px;" type="text"/> Surname
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>
Title	Date of Birth (dd/mm/yy)	Sex(M/F)
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>
Relationship	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>
Permanent Residential Address	<input style="width: 100%; height: 20px;" type="text"/>	
Phone No	E-mail	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>
Name of Bank	<input style="width: 100%; height: 20px;" type="text"/>	
Account Name	<input style="width: 100%; height: 20px;" type="text"/>	
Account No:	Branch	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>

2. Deceased Personal Record

<input style="width: 100%; height: 20px;" type="text"/> First Name	<input style="width: 100%; height: 20px;" type="text"/> Middle Name	<input style="width: 100%; height: 20px;" type="text"/> Surname
Name of Employer	<input style="width: 100%; height: 20px;" type="text"/>	
Office Address	<input style="width: 100%; height: 20px;" type="text"/>	
Town	State (See reverse code)	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>
Designation	<input style="width: 100%; height: 20px;" type="text"/>	
File No. Or ID No.	Date of first employment	Date of Death
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>
Salary Structure	Grade Level	Step
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>

3. CERTIFICATION BY NOK

I hereby certify that the information provided is true and correct

<div style="border: 1px solid black; width: 90%; height: 50px; margin: 0 auto;"></div> <p>Signature & Date</p>	<div style="border: 1px solid black; width: 90%; height: 150px; margin: 0 auto;"></div> <p>Left Thumb Print</p>	<div style="border: 1px solid black; width: 90%; height: 150px; margin: 0 auto;"></div> <p>Right Thumb Print</p>	<div style="border: 1px solid black; width: 90%; height: 150px; margin: 0 auto;"></div> <p>Passport Photo</p>
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4. PLEASE ATTACH COPIES OF:

	Yes	No
Medical Certificate of Death	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration of Death	<input type="checkbox"/>	<input type="checkbox"/>
Police Report (if death by accident)	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Administration/Will admitted to Probate	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Wish/Evidence of Nomination of NOK (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>