



NICO Pension Services Limited
NICO House, 3 Stewart Street, P.O. Box 1796, Blantyre, Malawi
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www.nicopensions.mw

NOTIFICATION OF DEATH OF SCHEME MEMBER AND AUTHORITY TO PAY CLAIM

1. Name of Scheme:.....
2. Name of Deceased Member:.....
3. Membership No:..... Date of Birth.....Date of Death.....
4. Date of Last Contributions:.....
5. Annual Salary of Member as at Renewal Date:.....
6. Amount of Group Life Assurance Cover:.....

We the undersigned:.....
(Full Names)

In our capacity as Trustees/Grantees:
(Delete whichever is inapplicable)

of thehereby declare
(Name of Scheme)

- i. that the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the scheme.
- ii that payment of the proceeds due in respect of the deceased member in terms of the aforementioned scheme shall represent the full and final discharge of the National Insurance Company Limited's liability in respect of that member under the scheme.
- iii that the Trustees shall fully indemnify NICO Pension Services Limited for any further payment by reason of any document or documents the basis upon which such payment is made being rendered unreliable in so far as proof of death is concerned.

Bank Details for Beneficiaries (Insert bank details for beneficiaries over 18 years of age)

1. Name of the account (Beneficiary Name)
- Name of Bank
- Branch.....
- Account number.....
- Phone number(s).....
- Email / Postal address.....

2. Name of the account (Beneficiary Name).....
Name of Bank.....
Branch.....
Account number.....
Phone number(s).....
Email / Postal address.....

3. Name of the account (Beneficiary Name).....
Name of Bank.....
Branch.....
Account number.....
Phone number(s).....
Email / Postal address.....

4. Name of the account (Beneficiary Name).....
Name of Bank.....
Branch.....
Account number.....
Phone number(s).....
Email / Postal address.....

5. Name of the account (Beneficiary Name).....
Name of Bank.....
Branch.....
Account number.....

6. Name of the account (Beneficiary Name).....
Name of Bank.....
Branch.....
Account number.....
Phone number(s).....
Email / Postal address.....

- Note: Please be free to add a fresh paper for additional adult beneficiaries.

Disclaimer: NICO Pension Services Limited will not be responsible for any incorrect account details given on this form

Signed at:..... This..... day of.....year.....
(place) **(date)** **(month)**

In the presence of **Witness**

Signed by the abovementioned **Trustees/**
Grantees (Delete whichever is inapplicable)

Witness :..... (1).....

Address :.....
.....

Witness:..... (2).....

Address:.....
.....

Witness :..... (3).....

Address :.....
.....

(N.B. Please note that as stipulated by the Trust Deed /policy Contract, at least two Trustees/Grantees are required to sign this form)

Apart from this form the following document is required to initially substantiate a claim:

Death certificate (a provisional Death certificate i.e. Death Report where available will in many cases suffice)

Occasionally further documentation may be required but when this is the case it will be specifically called for by NICO Pension Services.

Official Stamp
