



**LAPFUND**  
Local Authorities Provident Fund  
Secured Retirement

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**APPLICATION FOR SURVIVOR'S BENEFIT**

**NOTES**

You must carefully read the following notes before filling this application form.

1. This benefit must be applied for by the nominated beneficiary (ies). In the event no beneficiary was nominated, then the dependants should apply in the following order:
 

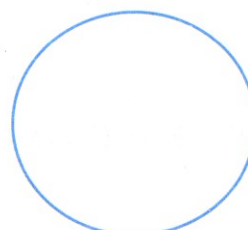
(a) Husband/Wife	(b) Children (if of majority age)	(c) Both Parents
(d) Brother/Sister	(e) Guardian	(f) Other dependants.
2. The claimant must give correct names and in the order they appear on their **NATIONAL IDENTITY CARDS**.
3. The address given on the application form must be the one the **claimant is sure will get a letter delivered to him/her** without difficulties.
4. After submitting a claim, the applicant must notify the Fund immediately of any change of his/her address which would affect prompt dispatch of correspondence.
5. The application form for this Benefit must be witnessed by a person known to the applicant.
6. A certified copy of the Death Certificate (Certified by CEO of sponsor) as evidence of death of the member must accompany this application form.
7. Original Membership Card, if available must be attached.
8. A photocopy of the Claimant's National Identity Card with legible names, number must be attached.
9. A copy of the Bank Card confirming the Account details i.e Bank, Branch, Account Number. Please note the payment will be done through Bank Transfer (EFT) only.

**FOR OFFICIAL USE ONLY**

Checked and received by:

Signature ..... Date .....

**Official rubber stamp**



APPLICATION FOR SURVIVOR'S BENEFIT

**IMPORTANT:**

- A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS FORM
- THE CLAIMANT(S) NATIONAL IDENTITY CARD(S) MUST BE ATTACHED
- THE DECEASED'S MEMBERSHIP CARD SHOULD BE ATTACHED
- THE FORM MUST BE WITNESSED

PLEASE ENSURE THAT YOU HAVE READ THE NOTES ON PAGE 1 BEFORE FILLING THIS FORM

**PART I PARTICULARS OF DECEASED MEMBER**

1. Full names (in capital letters) .....
2. Fund membership number .....
3. Marital status .....
4. Spouse's name .....

**PARTICULARS OF SPOUSES AND CHILDREN**

**1ST SPOUSE**

NAME	I/D NUMBER	ADDRESS
NAME	AGE	ADDRESS
1.		
2.		
3.		
4.		

3. Who takes care of the minors (those below 18 years) children if both parents are deceased:

NAME ..... RELATIONSHIP .....

**2ND SPOUSE**

NAME	I/D NUMBER	ADDRESS
NAME	AGE	ADDRESS
1.		
2.		
3.		
4.		

3. Who takes care of the minors (those below 18 years) children if both parents are deceased:

NAME ..... RELATIONSHIP .....

**NOTE: YOU CAN USE A SEPARATE SHEET IF YOU NEED MORE SPACE**

**PART II PARTICULARS OF CLAIMANTS**

NAME OF CLAIMANT	I/D NUMBER	ADDRESS	RELATIONSHIP TO DECEASED
1st			
2nd			
3rd			
4th			

**5. Claimant's (or first claimant) present home particulars:**

District ..... Division .....  
 Location ..... Sub-location .....  
 Village ..... Chief's name .....

**6. Permanent postal address for correspondence .....**

I hereby declare that the foregoing statements are true to the best of my knowledge and understanding

Signature of applicant(s)

**1st applicant**

Signature ..... Date .....

**2nd applicant**

Signature ..... Date .....

**IF MORE THAN TWO APPLICANTS, ENDORSE YOUR SIGNATURE ALONG RIGHT MARGIN.**

7. Full names of witness ..... Signature .....

Address ..... Date .....

**PART III WHERE DECEASED WAS UNMARRIED**

FATHER'S FULL NAME	I/D NUMBER	ADDRESS

MOTHER'S FULL NAME	I/D NUMBER	ADDRESS

**8. If both parents are alive but only one has applied for this benefit, the other parent should give authority below for the applicant to be paid the benefit.**

I ..... (Name of the father or mother) do hereby give authority for my husband/wife\* Mr/Mrs. .... ID No..... to be paid this benefit.

**PART IV TO BE FILLED BY THE EMPLOYER**

1. Sponsor/Employer .....
2. Date of Termination .....
3. Reason for termination (if before death) .....
4. Date of cessation of contributions, if different from 2. ....

**4. Declaration:**

I, ....., do confirm that the information given above is correct to the best of my knowledge.

Signature: ..... Designation: .....

Date: ..... OFFICIAL STAMP: .....

**ATTENTION:**

Please note that correctly filled forms giving all details requested and accompanied with all documents required will facilitate quick processing of your claim.

**WARNING:**

Any person who makes a false statement or representation or who produces or furnishes or causes to be produced or furnished any information which he/she knows to be false in a particular material may render himself/herself liable to prosecution in accordance with LAPE-Act, Chapter 272, Laws of Kenya.