



Secured Retirement

316 Upperhill Chambers, 10th Floor, 2nd Ngong Avenue,
P. O. Box 79592-00200,
Tel: 0709 805 000 / 100, Nairobi
Email: info@lapfund.or.ke

APPLICATION FOR SURVIVOR'S BENEFIT**NOTES**

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

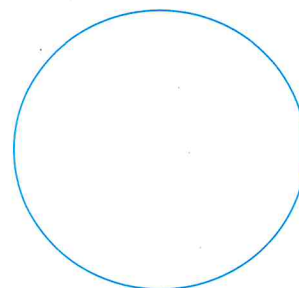
1. This benefit must be applied for by the nominated beneficiary (ies). In the event no beneficiary was nominated, then the dependants should apply in the following order:

(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 application form for this Benefit must be witnessed by a person known to the applicant.
4. A certified copy of the Death Certificate (Certified by CEO of sponsor) as evidence of death of the member must accompany this application form.
5. Original membership Card, if available must be attached.
6. A photocopy of the Claimant's National Identity Card with legible names, number must be attached.
7. 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.
8. A photocopy of the Claimant's KRA Pin certificate must be attached.

FOR OFFICIAL USE ONLY**Official Rubber Stamp**

Checked and received by:

Signature..... Date



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**
- COPY OF BANK CARD OF EACH CLAIMANT MUST BE ATTACHED**
- COPY OF PIN CERTIFICATE OF EACH CLAIMANT MUST 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. LAPFUND Number (LAPF No)
3. Marital status
4. Spouse's name.....

5. PARTICULARS OF SPOUSES AND CHILDREN

1ST SPOUSE

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

2ND SPOUSE

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

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

PART II **PARTICULARS OF CLAIMANTS**

1.

NAME OF CLAIMANT	I/D NUMBER	MOBILE No.	RELATIONSHIP TO DECEASED
1st			
2nd			
3rd			
4th			

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

■ District..... Division

■ Location Sub-location

■ Village Chief's name.....

3. Permanent postal address for correspondence

4.1 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.

5. 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

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 of contribution (if before death)

4. Date of cessation of contributions, if different from 2.

5. 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 the Laws of Kenya.