



PAN AFRICA LIFE

RETIREMENT BENEFITS CLAIM NOTIFICATION

A. PARTICULARS OF MEMBER

(1) Name Of The Scheme:	
(2) Member's Name	
(3) Date of Birth:	
4) Date of joining the service of the Employer:	
5) Date Of joining the Pension Scheme:	
3) Member No.	
(7) Date last contribution was paid:	
(8) Date of leaving service of the Employer:	
(7) Cause of leaving service:	Please tick as applicable: Resignation (____) Retirement (____) Ill-health (____) Death (____) Relocating to another country (____)

B: DOCUMENTS REQUIRED IN SUPPORT OF THE CLAIM

Attach the following documents where applicable and confirm by a tick against the given document	(1) Employers' certificate /letter discharge due to ill-health (____)
	(2) Medical examination report in case of ill-health (____)
	(3) Certificate of relocation to another country from the Foreign Affairs ministry and Embassy of the country of destination (____)
	(4) Certified copy of National ID (____)
	(5) Any other document relevant to support the claim (____)

C: DECLARATION

We hereby confirm that the above member was declared for cover and that the information provided is true and correct and that Pan Africa Life Assurance Limited may call for any further information they may require to enable them process the claim.

Name of person making the declaration.....

Title.....

Signature /Stamp Date.....