

**ARM PENSION MANAGERS (PFA)LTD**  
**DEATH NOTIFICATION FORM**

ARM Pension Managers

**RSA HOLDER'S DETAILS**

PIN NUMBER  
**PEN**

FIRST NAME:

MIDDLE NAME:

LASTNAME:

DATE OF DEATH:  /  /   
(DD/MM/YYYY)

DECEASED EMPLOYER:

DECEASED EMPLOYER ADDRESS:

**DETAILS OF CLAIMANT**

FIRST NAME OF CLAIMANT:

MIDDLE NAME OF CLAIMANT:

LASTNAME OF CLAIMANT:

CURRENT ADDRESS OF CLAIMANT:

TOWN:  STATE:

PAYING BANK OR RECEIVING BANK OF CLAIMANT:

ADDRESS OF PAYING BANK:

TOWN:  STATE:

ACCOUNT NUMBER OF CLAIMANT:

RELATIONSHIP WITH DECEASED:

**MODE OF PAYMENT**  
i. ☐ BANK DRAFT ii. ☐ BANK ACCOUNT

AFFIX PASSPORT PHOTOGRAPH  
OF RSA HOLDER HERE

I ..... of .....

.....declare that the information provided above is to the best of my knowledge true and accurate and I hereby agree to be liable for any liability resulting from the information given.

SIGNATURE & DATE



[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

PAYMENT APPROVED BY

<input type="checkbox"/>	NOTIFICATION OF DEATH FROM DECEASED BENEFICIARY / EMPLOYER ADDRESSED TO ARM PENSION MANAGERS
<input type="checkbox"/>	DULY COMPLETED ARM PENSION MANAGERS RSA BENEFICIARY APPLICATION FORM
<input type="checkbox"/>	COPY OF DEATH CERTIFICATE (ORIGINAL TO BE SIGHTED)
<input type="checkbox"/>	POLICE REPORT( IN CASE OF DEATH BY ACCIDENT)
<input type="checkbox"/>	SWORN AFFIDAVIT OF CLAIMANT/BENEFICIARY
<input type="checkbox"/>	COPY OF WILL (IF ANY)
<input type="checkbox"/>	LETTER OF ADMINISTRATION (IF ANY)
<input type="checkbox"/>	TWO PASSPORT PHOTOGRAPHS OF THE CLAIMANT / BENEFICIARY

☐ DRIVERS LICENCE  
☐ NATIONAL I.D. CARD  
☐ INTERNATIONAL PASSPORT

DOCUMENTS VERIFIED BY/ COMPLIANCE REVIEW