

APPLICATION FOR SURVIVORS BENEFITS PENSION/PROVIDENT FUND



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Tick where Appropriate

Provident fund (Old)

Provident Fund (New)

Pension Fund

This application form is issued and processed FREE of charge.

PART A: ORDER OF ELIGIBILITY

FIRST - SPOUSE/SPOUSES

Husband/ wife(s) and

- (i) Minor children below 18 years (old fund)
- (ii) Children below 25 years of age (new fund)
- (iii) Minor children or those below 25yrs and are certified to be suffering from mental incapacity shall be paid through guardians.

SECOND – ALL CHILDREN

Where both parents are deceased (Minor Children will be paid through the guardian)

THIRD – BOTH PARENTS

Where the deceased member was **NOT** married, and had no Children

FOURTH – BROTHER/SISTER

Where a deceased was **NOT** married, had no children and both parents are deceased.

FIFTH – GRAND PARENTS

SIXTH -OTHERS/NEXT OF KIN

Any other applicant must prove dependency and shall submit a confirmed Grant letter of administration in respect to deceased member's Benefits.

National Social Security Fund

Social Security House, Bishops Road, P.O. Box 30599-00100, Nairobi

Landlines: 2729911/ 2710552

Email: info@nssfkenya.co.ke

SF/BEN/SB/DF/003

REQUIREMENTS

PART (B)

- 1) Member Statement.
- 2) Original death certificate of the deceased member or original court Decree where the member is presumed dead
- 3) Original death certificate of eligible dependant relatives who are deceased
- 4) A copy of the deceased identity card
- 5) A copy of the claimant(s) identity card)
- 6) A copy of ATM/Bank card
- 7) An EFT Authority form
- 8) Claimant's full set of fingerprints
- 9) Confirmation of dependants by the chief and Assist/Deputy or County Commissioner from deceased home area

NOTE

Pension fund application shall be submitted NOT earlier than 60 days from Member's date of death

FOR OFFICIAL USE ONLY

Checked and received by

Name.....

Signature

Date



Official stamp

PART (C)

PARTICULARS OF THE DECEASED MEMBER

PARTICULARS OF MEMBER

Member Name *										
Member Number *										
Member ID Number *										

HOME PARTICULARS *

Nationality *			
County *		Location *	
District *		Sub-Location *	
Village *			

5. DETAILS OF EMPLOYMENT *

	Employer(S) Name *	Member's P/No *	Date Employment Started *	Date Employment Ceased *
1.				
2.				
3.				
4.				

To be completed where the deceased member was an employee of the civil service, TSC or a state corporation

6 If the deceased served on Permanent and pensionable terms of service as a public/Civil Servant or a teacher, indicate the date of confirmation. *

Day.....Month.....Year.....

PART (D) *

PARTICULARS OF CLAIMANT(S) *

	Full Names *	Age*	ID card Number *	Address & Tel No. *	Relationship To Deceased*
1.	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

1. Present Home Particulars *

HOME PARTICULARS *

Nationality	_____		
County	_____	Location	_____
District	_____	Sub-Location	_____
Village	_____		

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

APPLICANT(S) LEFT THUMB PRINT

Claimant No. 1

Claimant No. 2

Claimant No. 3

Claimant No. 4

Claimant No. 5

Claimant No. 6

PART (E)

To be completed by parents where the deceased was not married and had no children.

Full Names	Age	ID card Number	Address & Tel No.
Father			
Mother			

To be completed where one Parent authorises the other to be paid on their behalf!

I (Name)

ID No.....Tel No.....

Do hereby authorise my Husband Wife

Full Name.....

ID NoTel No.....

to be paid the Benefits on my behalf.

Left thumb print of the Authoriser

PART (F)

2 . Names of eligible siblings who have given individual authority.

	Full Names	Age	ID Card Number	Address & Tel	Relationship
1					
2.					
3					
4					
5					
6					
7					
8.					
9					
10					

Note: Attach copy(s) ID Card and full set of Fingerprints.

WITNESED BY: (A person well known to claimant) *

1. Full name.....
3. Address.....TEL.....
2. SignatureDate.....

PART G AND H BELOW MUST BE COMPLETED BY THE CHIEF AND ASST/DEPT. OR COUNTY COMMISSIONER OF THE DECEASED'S HOME DISTRICT IN PERSON

PART (G)

Confirmation by the chief where the deceased was married

This is to confirm that the deceased was married to wife(s) (State Number) as listed below.

1st Spouse(S) and Children

Spouse	Name	Age
Children	Name	Age
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

Guardian of minor children where both parents are deceased

Name.....Relationship.....

2nd Spouse(s) and Children

Spouse	Name	Age
Children	Name	Age
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

Guardian of minor children where both parents are deceased

Name.....Relationship.....

CHIEF'S DECLARATION

I confirm that the deceased was a resident at my location; that the applicant(s) is the rightful claimant(s) of the deceased Benefits in accordance with **N.S.S.F. Act. No 45 OF 2013** and that the information given by the claimant(s) here in is **TRUE** to the best of my knowledge.

Name.....

ID No.....

Tel No.....

Signature.....

Date.....

Official Rubber Stamp



PART (H)

ASST/DEPUTY/COUNTY COMMISSIONER'S DECLARATION

I confirm that the information given by the applicant(s) here in and confirmed by the area Chief above is **TRUE** to the best of my knowledge.

Asst/Dept/County Commissioner

Name.....

Signature.....

TEL.....

Date.....

Official Rubber Stamp



PART (I)

FOR OFFICIAL USE ONLY

CONFIRMATION OF THE CHIEF AND ASST, DEPT OR COUNTY COMMISSIONER'S SIGNATURE

This is to confirm that the Name and signature of the **Chief** and **Asst, Dept and County commissioner** appearing on **PARTS G** and **H** above are the same as the specimens availed to this office.

BRANCH MANAGER

Name.....

Signature.....

Date.....



Official Rubber Stamp

ADDITIONAL INFORMATION

WARNING

Any person who fails to disclose or misrepresents any material fact whether or not such nondisclosure or misrepresentation is fraudulent and receives any benefits he is not entitled to receive as a consequence of the non disclosure or misrepresentation is liable to repay the Benefits within 21 days. A person who contravenes this is liable on conviction to a fine not exceeding KSHS: 300,000/- or imprisonment for a term not exceeding three months or both, in accordance to **NSSF ACT NO. 45 OF 2013**, laws of Kenya