



CLAIMANT'S PHOTO:



NAPSA SURVIVORS BENEFIT

(i) Application for a Benefit

This form has to be filled in whenever you are applying for a Survivors Benefit payable under the National Pension Scheme Act. Before you complete this form, please ensure that you carefully read through the instructions and requirements below.

(ii) Misrepresentation of Facts

Any person who makes a false statement or representation or produces or furnishes or causes to be produced or furnished any information which he or she knows to be false in a material particular is guilty of an offence under Section 51(I) (C) of the National Pension Scheme Act No. 40 of 1996.

(iii) Survivors Benefit Qualification

To qualify for Benefit you should have met the following conditions:-

1. Survivors Pension

- The Deceased member must have been a recipient of a Pension (Early Retirement Pension, Normal Retirement Pension, Late Retirement Pension or Invalidity Pension)

2. Survivors Lumpsum

- The benefit is paid where the Deceased died before making any Retirement Benefit claim

(iv) Requirements

No.	Details	CSC	CSO	RC
1	Clear and Certified Photocopy of the Deceased NRC (Not required if there is a Death certificate)			
2	Clear and Certified Photocopy of the Principal Claimant's NRC (widow/widower/Administrator/Guardian)			
3	One Passport Size Photo for the Principal Claimant(s) (widow/widower/Administrator/Guardian) - Less than 6 Months Old			
4	Clear and Certified Photocopy of Death Record or Letter from The Chief. Note: Where both spouses are deceased, claimant is to provide both Death Records			
5	Clear and Certified Photocopy of the Marriage Certificate or Affidavit of Marriage . Note: Where the deceased was divorced from the registered spouse, claimant to provide a Clear Certified Photocopy of the Divorce Certificate or the Divorcee should swear an Affidavit confirming the divorce and attach a Clear Certified Copy of their NRC			

6	Clear and Certified Photocopy of GENERAL AFFIDAVIT WHERE THE ADMINISTRATOR CONFIRMS THE MARITAL STATUS OF THE DEASEASED AT THE TIME OF HIS DEATH. Note: If the person claiming bears the title of Administrator, a Co-administrator or a member of the family to the deceased (e.g. sibling or parent to deceased) does the swearing, stating their relationship to the deceased and attaching a certified photocopy of their NRC.			
7	Clear and Certified Photocopies of the Probate or Order of Appointment, Receipt for the Order of Appointment and NRC of the Administrator/s.			
8	Clear and Certified Photocopies of the Birth certificate/s or Under 5 Card/s or Affidavit/s of Birth for eligible Children Only. (Note: Eligible children are those under 25years ONLY)			
9	SCHOOL LETTER/s FROM SCHOOL ADMINISTRATION/s FOR CHILDREN BETWEEN 18 AND UNDER 25. A Clear and certified copy of Grade 12 results can be provided for the children that completed high school the previous year from the time of claiming. (Note: If child/children are not in school, they are to individually write a letter to state the education status & attach their NRC photocopy which is certified.)			
10	<u>GUARDIAN/s REQUIREMENTS (Required ONLY IF children of the Deceased are being kept by someone else other than the Surviving Spouse</u>			
	GUARDIAN TO COMPLETE <u>GUARDIANSHIP FORM/s, BANK DECLARATION FORM, AND ATTACH ONE PASSPORT SIZE PHOTO AND A CLEAR CERTIFIED PHOTOCOPY OF THE NRC. The Surviving Spouse is required to complete the Guardianship form in cases were the child/ children in question are not their biological child/children.</u>			
11	A consent letter must be provided by: a) The other wife or wives where there are multiple wives, allowing one wife to be the payee. b) Other administrator/s where there are multiple administrators, allowing one administrator to be the payee.			

	<u>KEY NOTES</u>			
12	All photocopies attached should be <u>CERTIFIED</u> by <u>The Commissioner For Oath and ALL stamps MUST be clear. Tippex on the claim form is not allowed - cancel and countersign were you have made mistakes.</u>			
13	<u>Case Number</u> on the Order of appointment is supposed to match the <u>Reference details</u> on the receipt.			
14	Names on the all Supporting Documents for the Deceased and the Beneficiaries MUST be as per the source documents. Corrections must be made before submitting the documents to NAPSA			
15	Claimant to provide a General affidavit where Registered Beneficiary's names differ from attached Document			

RECEIVED BY:.....

Man No.....

VETTED BY:.....

Man No.....

SCANNED BY:.....

Man No.....

A. MEMBER'S DETAILS (*Field MUST be completed with details for the Deceased*)

1. NAME

SURNAME

MIDDLE NAME

FIRST NAME

2. DATE OF BIRTH

3. RESIDENTIAL HOME ADDRESS

4. NAPSA SOCIAL SECURITY NUMBER

ONE DIGIT FOR EACH BOX

--	--	--	--	--	--	--	--	--	--

5. NATIONAL REGISTRATION CARD NUMBER

--	--	--	--	--	--	--	--	--	--

6. NPF SOCIAL SECURITY NUMBERR (IF ANY)

--	--	--	--	--	--	--	--	--	--

B. (*Field MUST be completed by the last Employer the Deceased worked for*)

EMPLOYER'S CONFIRMATION OF MEMBER'S RETIREMENT/ OR DEATH.
(Not Applicable for Survivors Pension)

TO BE COMPLETED BY SOMEONE IN MANAGEMENT / SENIOR OFFICER

Employers Account Number

--	--	--	--	--	--	--

I confirm that was employed by this company and to the best of my knowledge Retired / Died on

NAME (IN FULL)

DESIGNATION

SIGNATURE

OFFICIAL STAMP

C.

MEMBER'S EMPLOYMENT HISTORY

(The Claimant MUST list down ALL the Companies they worked from 2000 February)

EMPLOYER'S FULL NAME AND ADDRESS	PERIOD EMPLOYED			
	FROM		TO	
	Month	Year	Month	Year

D.

APPLICANTS PREFERENCE REGARDING ZNPF BALANCE (Not Applicable for Survivors Pension)

Please indicate whether you would like your ZNPF balance to be considered for purposes of computing your benefit.

1. I opt to have my ZNPF balance converted to months of pensionable employment
YES/NO
2. I opt to collect my ZNPF balance as a Lumpsum
YES/NO

E.

PARTICULARS OF BENEFICIARIES (*Only Spouse(s), Biological and/or legally Adopted Children*)

The Authority reserves the right to apply the applicable rules. This means that some of the individuals you may list may not receive a benefit because they are not entitled to it by reason of the rules of the National Pension Scheme Regulations as stipulated in Statutory Instrument No. 71 of 2000.

SURNAME	FIRST NAME	DATE OF BIRTH	SEX	NRC NUMBER	RELATIONSHIP

F.

CLAIMANT'S DECLARATION (*Field to be completed by the Principal claimant*)

1. **SURNAME NAME:** _____
OTHER NAMES: _____
2. **NRC No.** _____ **CONTACT No.** _____
(Or Passport number for Non Zambians)
3. **ADDRESS:** _____

I hereby declare that to the best of my knowledge the information provided above is correct.

Date

Signature and Thumb Print

G.

FOR OFFICIAL USE ONLY

Name: _____ Man No.: _____

Form received by me on: _____

4. **DECLARATION**

I hereby declare that the information I have given above in support of this claim is correct according to the records we have on the deceased employee's files.

Full Name of Confirming Officer: _____

Designation of Confirming Officer: _____

Signature: _____

Date: _____



5. **FOR OFFICIAL USE**

Name: _____

Signature: _____

Date: _____