



CLAIM TYPE: \_\_\_\_\_

CLAIMANT'S PHOTO:



---

## NATIONAL PENSION SCHEME AUTHORITY

---

**(i) Application for a Benefit**

This form has to be filled in whenever you are applying for any of the benefits payable under the National Pension Scheme Act. Before you complete this form, please ensure that you carefully read through the instructions 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) Retirement Pension**

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

1. You should have attained the pensionable age of 55 years and,
  2. You should have either made at least 180 months contributions to NAPSA, or
  3. You should have made the minimum number of contributions specified in the National Pension Scheme (Benefits and Eligibility) Regulations, 2000.
  4. You should have made up the minimum required number of 180 contributions by converting your ZNPF balance in accordance with the provisions of the National Pension Scheme (Benefits and Eligibility) Regulations, 2000.
- 

**(iv) Survivors Pension**

You may claim survivors benefit if you were a registered and eligible dependant of the deceased. In addition you need to produce a certified true copy of the Death Certificate, Burial Permit, Police Report or such other authentic and acceptable evidence confirming the death of the member.

The Authority will only pay survivors benefit to registered dependants of the deceased member as specified in the National Pension Scheme (Benefits and Eligibility) Regulations, 2000.

---

---

(v) **Invalidity Pension**

To qualify for an invalidity pension, you should have contributed for at least sixty months and met the recency of work test. All applications for invalidity benefits will be subjected to scrutiny by the Medical Board appointed by the Authority.

---

(vi) **Funeral Grant**

To qualify for a funeral grant the deceased member should have made sufficient contributions to qualify for a pension as specified above or was in receipt of such a pension.

---

(vii) **Retirement/Invalidity/Survivors Lumpsum (As Appropriate)**

Is payable to:

1. A member who has attained retirement age (55) but does not qualify for a retirement pension under Section 18 of the National Pension Scheme Act No. 40 of 1996 or
  2. A member who qualifies for invalidity lumpsum under Section 10 of the National Pension Scheme Authority Benefits and Eligibility) Regulations, 2000.
  3. Eligibility family dependants of a deceased member if the deceased member did not meet the qualifying condition for either retirement pension or invalidity pension.
- 

(viii) **Time Frame**

Any claim of a benefit under the National Pension Scheme Act should be lodged with the Authority within six months of the retirement or invalidity or death of the member.

---

(ix) **How to complete the form**

1. If you wish to claim for retirement or invalidity benefit complete Sections A,C, F and G of this claim form. **Section B should be completed by someone in Management or a senior officer, preferably in the Human Resource Department of your last place of work.**
  2. If you wish to claim for invalidity benefit i.e. on behalf of a mentally invalid member, survivors benefit or funeral grant, complete Sections A, C, E, F and G of this form.
  3. All applicants should ensure that Section B of this claim form is completed by the last employer.
  4. Section D should only be completed if you are eligible to claim a pension.
- 

**NPS Form R3 (1/99)**

Instructions - Please read "How to complete the form" on page 2  
- Complete the form in ink only  
- After completing the form please mail it or take it to the nearest NAPSA office

---

**A. MEMBER'S DETAILS**

**1. NAME**

\_\_\_\_\_

SURNAME

MIDDLE NAME

FIRST NAME

**2. DATE OF BIRTH**

\_\_\_\_\_

**3. RESIDENTIAL ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POSTAL ADDRESS**

**4. NAPSA SOCIAL SECURITY NUMBER**

ONE DIGIT FOR EACH BOX

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

**5. NATIONAL REGISTRATION CARD NUMBER**

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

**6. NPF SOCIAL SECURITY NUMBERR (IF ANY)**

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

---

**B.**

**EMPLOYER'S CONFIRMATION OF MEMBER'S RETIREMENT OR  
DISABILITY.**

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 / will retire / died on .....

---

NAME (IN FULL)

DESIGNATION

SIGNATURE

OFFICIAL STAMP
-------------------

---

**C.**

Member's Employment History

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

---

**D.**

**APPLICANTS PREFERENCE REGARDING ZNPF BALANCE**

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 (FOR SURVIVORS BENEFIT)**

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.

<b>SURNAME</b>	<b>FIRST NAME</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>NRC NUMBER</b>	<b>RELATIONSHIP</b>

---

**F.**

**\* INSTRUCTIONS FOR PAYMENT OF LUMP SUM BENEFITS**

1. I will collect at the NAPSA Office at : \_\_\_\_\_  
Name of NAPSA Office

2. Please deposit/transfer my benefits in my bank account at:  
\_\_\_\_\_  
Name of the Bank

\_\_\_\_\_  
Address of Bank (Branch)

\_\_\_\_\_  
Account Number

---

**G.**

**\* INSTRUCTIONS FOR PAYMENT OF MONTHLY PENSION BENEFITS**

Bank details for payment of monthly pension benefits:

\_\_\_\_\_  
Name of the Bank

\_\_\_\_\_  
Address of Bank(Branch)

\_\_\_\_\_  
Account Number

---

**H.**

**DECLARATION**

1. SURNAME NAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

2. NRC No. \_\_\_\_\_ CONTACT No. \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

-----  
Date

-----  
Signature and Thumb Print

---

**I.**

FOR OFFICIAL USE ONLY

Name: ----- Man No.: -----

Form received by me on: -----

---

**NPS Form R3 (1/99)**