

**NATIONAL PENSION COMMISSION**  
**DEATH NOTIFICATION FORM (APPENDIX I)**

From MDA .....

To: PenCom

Name of Employee: ...../...../.....  
Surname First Name Middle Name

Date of Birth: (DD/MM/YYYY)..... PIN number.....

Marital Status.....

State of Origin ..... Local Govt Area.....

Date of death: (DD/MM/YYYY) Cause of death.....

Date of appointment..... (DD/MM/YYYY) File Number .....

Name & address of Next of kin: .....  
.....Phone No.....

We enclose the following documents: (Original(s) to be sighted)

1. Medical Certificate of death/Cause of Death
2. Certificate of Registration of death
3. Evidence of registration with Pension Fund Administrator indicating Personal Identification Number(PIN) or Death Benefit Account Number(for employees that died without RSA)
4. Copy of transfer of service(where applicable)
5. Police Report(if death is by accident)
6. Declaration of wish/evidence of nomination of next of kin
7. Copy of Letter of First Appointment
8. Copy of Declaration of Age
9. Copy of authenticated (stamped) Pay Slip/evidence of grade level and step as at 30<sup>th</sup> June 2004
10. Copy of authenticated (stamped) Pay Slip/evidence of grade level and step as at January, 2007
11. Copy of authenticated (stamped) Pay Slip/evidence of grade level and step as at June, 2010
12. Copy of authenticated (stamped) Pay Slip/evidence of grade level and step as at month of demise.
13. Last promotion letter
14. Letter of Introduction from MDAs (to be signed by two signatories one of whom must be an officer not below the rank of Assistant Director in the Personnel Department and the Pension desk Officer of the MDA) should include ALL the following information.
  - i. Date of birth
  - ii. Date of first appointment
  - iii. Date of death
  - iv. Salary structure, grade level and step as at June,2004
  - v. Salary structure, grade level and step as at January,2007
  - vi. Salary structure, grade level and step as at June,2010
  - vii. Salary structure, grade level and step as at the month of death.
  - viii. Effective date of transfer of service(where applicable); and
  - ix. Name of the Next-of-Kin.

Note: All original document(s) must be sighted by responsible officials of the PFAs and photocopies must be stamped and certified with the inscription "original document sighted by me; Name....; Signature.....; Designation.....; Date....." before forwarding same to the commission.

Dated this ..... day of ..... 201.....

For MDA (Officer not below Director grade)

Initiated by: .....

Contact telephone: .....

