

**NATIONAL PENSION COMMISSION  
DEATH NOTIFICATION FORM**

**From: Ministries, Department & Agencies (MDA).....**

**To: National Pension Commission (PenCom) Plot 174, Ademola Adetokunbo Crescent Wuse II, Abuja**

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

**Date of Birth: (DD/MM/YYYY)...** Gender:...(Male/Female).....  
**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** .....  
**Designation**..... **Grade Level**..... **Step** .....  
**Total Annual Emolument: N**.....  
**Name & address of Next of kin:** .....  
.....

**Has employee opened RSA?.....** Yes/No.....  
**Name of PFA:** ..... **PIN No:** .....

**Has death been reported under the former insured scheme:.....** Yes/No.....  
**If yes, Name of the Scheme:**.....  
**If yes, has any payment been made ...** Yes/No.....  
**Details of former Insurer**.....

**Remarks:**

We hereby give you formal notice that Mr./Mrs. ....

..... died on the ..... Day of ..... 200..... and we hereby advise  
and authorize you to pay the death benefit due in respect of the deceased, to his/her Retirement  
Savings Account Number ..... With .....(Name of PFA)  
..... through the Custodian.

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

- i) Medical Certificate of Death/Cause of Death
- ii) Certificate of Registration of Death
- iii) Police Report(if death is by accident)
- iv) Burial Warrant issued by Local Govt Council
- v) Evidence of Death/Burial issued by Imam or Pastor
- vi) Copy of obituary poster (if any)
- vii) Declaration of wish/evidence of nomination of next of kin

Dated this ..... day of ..... 200.....

**For MDA (Officer not below Director grade)**

**Initiated by:**.....

**Contact telephone:**.....