

CLAIM FOR LOCKED-IN/DEFERRED TELPOSTA PENSION SCHEME BENEFITS

CLAIMANTS ADDRESS

NAME _____

ADDRESS _____

Telephone _____

Date _____

The Chairman,
Board of Trustees,
Telposta Pension Scheme,
P.O. Box 45610 - 00100

NAIROBI.

Dear Sir,

1. **DECLARATION BY THE CLAIMANT**

I hereby state that I am the Widow/Widower/Son/Daughter of the late Mr./Mrs./Miss/ _____
PF. NO _____ and I do hereby claim payment of dependant's pension. I understand and accept that claim of dependant's pension is payable to me for a maximum of five (5) years from the date of death or for such a lesser period as I will remain unmarried and I undertake to inform the Board of Trustees of Telposta Pension Scheme should I remarry during the five (5) years period. Dependant's pension is paid to the deceased unmarried child/children under the age of 21 years and such child should notify this office immediately he/she marries or attains the age of 21 years.

2. **PARTICULARS OF THE DECEASED OFFICER**

- a) Full Names _____ Former Employer _____
- b) Date of Death _____ Day _____ Month _____ Year _____
- c) Death Certificate No. _____ (attach copy)
Date of Issue: Day _____ Month _____ Year _____

3. **PARTICULARS OF THE CLAIMANT (Adult to attach copy of National ID - children to attach copies of Birth Certificate and relevant evidence of age)**

- a) Full Names _____ Kenya Identity Card No. _____
- b) Date of Birth _____ Day _____ Month _____ Year _____
- c) Date of Marriage _____ Day _____ Month _____ Year _____
- d) Marriage Certificate No. _____ (attach copy) Date of Issue _____
Day _____ Month _____ Year _____



**TelPosta
Pension Scheme**

TelPosta Towers
13th Floor
Kenyatta Avenue
P. O. Box 45610 - 00100
Nairobi - Kenya.
Tel: 254-020-2216752
Fax: 254-020-246208

e) If the deceased has other Widows, Name them. (Full Names):

(1) _____

(2) _____

(3) _____

4. **PARTICULARS OF CHILDREN OF THE DECEASED WHO ARE UNDER 21 YEARS**

	FULL NAMES	DATE OF BIRTH (dd/mm/yy)	SEX (Male or Female)	MARITAL STATUS (Single/Married)	MOTHER OF CHILD	NAME OF SCHOOL (If in School)
1						
2						
3						
4						
5						
6						
7						

5. **PARTICULARS OF CHILDREN OF THE DECEASED WHO ARE OVER 21 YEARS**

	FULL NAMES	DATE OF BIRTH (dd/mm/yy)	SEX Male or Female)	MARITAL STATUS Single/Married)	MOTHER OF CHILD	NAME OF EDUCATION INSTITUTION <i>if in Full time education indicate nam, address of institution and date of entry)</i>
1						
2						
3						
4						
5						
6						

6. **DECLARATION BY THE CLAIMANT**

I hereby declare that the information given above is true and correct and I would like payment of the Locked-In/Deferred Pension/Provident Fund to be made to me Thro'

- a) Name of Bank _____
- b) Branch _____
- c) Account No. _____
- d) Title of Account _____
- e) Claimant's Signature _____ Date _____

