DEAD/MISSING PERSON NOTIFICATION REPORT

1.	Account Holder's Particu	ılars:					
	Surname		First Name		Mid	Idle Name	
	PIN	Date of Birth	Sex (M/F)	Effective Date of	of Retirement	Marital Sta	atus
(M/S/D/W	,	(dd/mm/yy)		(dd/	/mm/yy)		
	Date of Retirement (if a retiree):	(dd/mm/yy)	Date of Death:	ld/mm/yy)	Date of Death/Dis (if a missing pe		
(dd/mm/yy	y)						
2.	Employment Details:						
Employer	Name & Address						
Employer	Code						
3.	Details of Benefits:						
	Accumulated Contributions to Da	ite: N					
	Status of Retirement Bond (if a po	ublic sector employee)	Ħ				
	Expected Contribution to Date of	Death/Missing N:					
	Status of Accrued Benefits (if a	private sector employed	e) N				
	Balance of Retirement Benefits (i	f a retiree) N:					
	Status of life Insurance Policy: A	mount N	St	ate if paid to RSA	A: Yes No		

PFA Code		Certification by PFA:	
Aı	uthorised Signatory		Official Stamp
Name: Olu Date	usanjo Adeyemi Do	esignation: Head, Benefits Admin	

DOCUMENTS TO BE ATTACHED:

- (i) CTC of Retirement Bond Certificate.
- Police Report. (ii)
- Employer's confirmation of employee's disappearance. Newspaper publication of missing person Letter of Administration. (iii)
- (iv)
- **(v)**
- Will admitted to probate. (vi)