



Premium Pension Limited

Pension Fund Administrators

Affix Recent Passport Photograph

DEAD/MISSING NOTIFICATION REPORT

1. Account Holder's Particulars:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIN	Date of Birth (dd/mm/yy)	Sex (M/F)	Effective Date of Retirement (dd/mm/yy)	Marital Status (M/S/D/W)
Effective Date of Retirement (If a Retiree): <input type="text"/>	Date of Death: <input type="text"/>	Date of Death/Disappearance (If a missing person): <input type="text"/>	<input type="text"/>	<input type="text"/>
	(dd/mm/yy)	(dd/mm/yy)	(dd/mm/yy)	(dd/mm/yy)

2. Employment Details

Employer Name & Address

Permanent Home Address

House Tel. Number Mobile Tel. Number

Employer Code

3. Details of Benefits:

RSA balance at death	N	<input type="text"/>	
Amount of Retirement Bond (if a public sector employee)	N	<input type="text"/>	State if paid to RSA; Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of any outstanding contribution	N	<input type="text"/>	
Amount of Accrued Benefits (if a private sector employee)	N	<input type="text"/>	State if paid to RSA; Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of Life Insurance policy:	N	<input type="text"/>	State if paid to RSA; Yes <input type="checkbox"/> No <input type="checkbox"/>
Consolidated RSA balance	N	<input type="text"/>	

PFA CODE <input type="text"/>	<i>Certificate by PFA</i>
<i>Authorised Signatory</i>	<i>Official Stamp</i>
Name: _____	Designation: _____ Date: _____

Please return completed form to our Head Office: No. 4, Agwu Close, Off Faskari Crescent, Area 3, Garki Abuja; or any PPL Office nearest to you or fax to 09-4615729 or e-mail: info@premiumpension.com; or visit our website: www.premiumpension.com. For further enquiries please call Tel: 09 461 5700-9 (Switchboard)