



NATIONAL PENSION COMMISSION

NEXT OF KIN INDEMNITY FORM

THIS IS TO CERTIFY THAT I/WE

.....

of

Is/are the named next of kin to the deceased

Who died on theday ofdo
solemnly declare as follows:

1. That I have not at any time prior to or after the death of the deceased collected any death benefit, including gratuity and/or life insurance from any institution, or organization or person.
2. That I shall indemnify any institution, organization or person from whom any benefit had been so derived either by omission or commission and/or in any way prejudicial to any regulations, guidelines or directives of the National Pension Commission or the Pension Reform Act, 2004.

.....

DEPONENT

Sworn at the High Court

Thisday of

BEFORE ME

(COMMISSIONER FOR OATHS)

THE PROCESSING OF RETIREMENT AND TERMINAL BENEFITS IS DONE **FREE OF CHARGE** FOR BOTH RETIREES AND NEXT OF KIN OF DECEASED RSA HOLDERS. ANY DEMAND FOR ANY PAYMENT IS ILLEGAL AND SUCH SHOULD BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE HEAD OF HUMAN RESOURCES AND ADMINISTRATION OR CALL **07080633028/07080633000** OR E-MAIL info@fcmbspensions.com FOR APPROPRIATE ACTION. PLEASE NOTE THAT OUR COMPANY ACCEPTS NO LIABILITY FOR MONETARY DEMANDS BY ANY STAFF