

## COUNTY PENSION FUND

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COUNTY PENSION FUND

## CLAIM FOR SURVIVORS BENEFITS

Kindly fill the information required in the spaces provided below

1. Full Names of Contributor (Deceased): \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

3. Claimants Name: \_\_\_\_\_ ID: No: \_\_\_\_\_

4. Relationship: \_\_\_\_\_ Postal Address: \_\_\_\_\_

5. Mobile No: \_\_\_\_\_ KRA PIN No(attach copy): \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Current Residential Address:

County \_\_\_\_\_ Sub-County \_\_\_\_\_ Ward \_\_\_\_\_

8. The following documents should be attached(tick appropriately):

- Certified copy of Death Certificate.
- Certified copy of Letters of Administration (Chief & County Commissioner)
- Certified copy of I.D/ Passport on A4 Paper.
- Legal proof of relationship e.g. marriage certificate, affidavit.
- Two coloured passport size photographs
- Birth Certificate

9. Full details of Bank Account into which all Payments will be remitted:

Name of Bank Account holder: \_\_\_\_\_

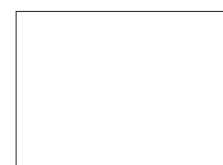
Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Left thumb print

Signed in the presence of: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Kindly attach all the relevant documents*