



AXIS PENSION TRUST

SURVIVOR'S BENEFIT CLAIM FORM

MEMBER NAME :	MEMBER #:	SSNIT #:
EMPLOYER:	STAFF NO:	TEL:

SCHEME(S)	
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BENEFICIARY DETAILS

NAME	
TEL	
EMAIL	
ID NO/TYPE	
RELATIONSHIP	
BANK NAME	
ACCOUNT #	
BRANCH	

DECLARATION
 I certify that to the best of my knowledge and belief, the statements made in this form are correct and complete. I authorize the Trustee of the scheme to act on this instruction and pay my benefits to the bank account details given above.

..... BENEFICIARY SIGNATURE DD/MM/YYYY APPROVED SIGNATORY 1 APPROVED SIGNATORY 1
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OFFICE USE ONLY:		
..... VERIFIED BY SIGNATURE DATE

1. PLEASE ATTACH A COPY OF;
 - a. SURVIVOR(S) VALID ID CARD(S)
 - b. LETTER OF ADMINISTRATION (IF APPLICABLE)
 - c. DEATH CERTIFICATE