



DEATH BENEFIT CLAIM FORM (AXIS PENSION PLAN)

INFORMATION ABOUT THE DECEASED

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| NAME : | DATE OF BIRTH: | DATE OF DEATH: |
| LAST EMPLOYER: | SSNIT #: | MEMBER #: |

BENEFICIARY DETAILS

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|---|---------|---------------|-------------------|
| 1. NAME OF BENEFICIARY : | | TELEPHONE #: | ID TYPE & NUMBER: |
| NAME OF APPLICANT (where beneficiary is a minor): | | SIGNATURE: | |
| BANK: | BRANCH: | ACCOUNT NAME: | ACCOUNT #: |
| 2. NAME OF BENEFICIARY : | | TELEPHONE #: | ID TYPE & NUMBER: |
| NAME OF APPLICANT (where beneficiary is a minor): | | SIGNATURE: | |
| BANK: | BRANCH: | ACCOUNT NAME: | ACCOUNT #: |
| 3. NAME OF BENEFICIARY : | | TELEPHONE #: | ID TYPE & NUMBER: |
| NAME OF APPLICANT (where beneficiary is a minor): | | SIGNATURE: | |
| BANK: | BRANCH: | ACCOUNT NAME: | ACCOUNT #: |

DECLARATION

We declare that every information herein and document tendered for this application is true, accurate and complete. We further declare that we are lawful beneficiaries of the estate of the deceased contributor. We therefore indemnify Axis Pension Trust and its officers from their reliance on this information in the processing of death benefits on the deceased account.

OFFICE USE ONLY:

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| VERIFIED BY | SIGNATURE | DATE |
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* Guardian should sign as Applicant on behalf of a beneficiary below the age of 18. The I.D. card of the applicant would be required in same.
 *KINDLY ATTACH A COPY OF A VALID ID CARD OF EACH BENEFICIARY
 *DEATH CERTIFICATE
 *LETTERS OF ADMINISTRATION
 *AFFIDAVIT