

CHECKLIST (REQUIREMENTS) FOR A DECEASED PERSON APPLICATION

IMPORTANT INFORMATION

- Application will only be processed if the required documents are complete
- Original documents will only be processed for sighting
- Offer of gratification to any staff for processing of your benefits is strictly prohibited

PLEASE TICK THE BOX [✓] TO INDICATE ALL DOCUMENTS PROVIDED.

APPLICATION FORM

Where there are multiple administrators on the Letter of Administration (LOA), any one of the named administrators can initiate the application process.

DEATH CERTIFICATE FROM NATIONAL POPULATION COMMISSION

A copy of the certificate is required.

WILL ADMITTED TO PROBATE OR LETTER OF ADMINISTRATION (LOA) OR SEALED ORDER

a.) The Will/Probate letter should indicate the existence of a pension account with the PFA on the inventory of assets; otherwise the applicant is required to provide LOA

b.) The LOA is also required where the deceased client died instate without a valid will

c.) Sealed order obtained from Upper Area Courts/Area Courts (applicable to Northern States only).

PLEASE NOTE THAT the LOA must include 'Pensions with Tangerine APT Pensions Limited on the inventory of assets.

PASSPORT PHOTOGRAPH

a.) For record purposes we require two copies of the deceased's passport photograph

b.) We also require passport photographs of the named administrator(s) on LOA

POLICE REPORT

A police report should be provided where the cause of death was a road traffic accident.

CONFIRMATION OF STATUS OF ACCRUED PENSIONS BENEFITS

PUBLIC SECTOR DECEASED CLIENTS WITHOUT ACCRUED BENEFITS

For deceased Clients (in public sector) whose accrued benefits have not remitted into the Retirement Savings Account (RSA), the beneficiaries will be required to provide the following documents which would be forwarded to the Commission. Payslips must be stamped and signed if the pay slips were not electronically generated:

a.) Death notification form properly filled by beneficiary.

b.) Valid (at the point of submission) means of identification of the beneficiary.

This could be any of the under listed

I.) National identity card

II.) Valid international passport

III.) Valid Drivers license

iv.) Permanent Voter's card

v.) NIMC Enrollment slip

c.) Letter of first appointment of the deceased.

d.) Copy of age declaration or Birth certificate of the deceased

e.) Last pay slip within the month of demise

r.) Pay slip as at 30 June 2004

g.) Pay slip as at January 2007

h.) Pay slip as at June 2010

i.) Letter of introduction of MDA (i.e. deceased employer) stating date of first appointment, date of birth, date of death, salary structure, grade level and step as at June 2004, January 2007, June 2010 and as at the month of death, effective date of transfer (where applicable and the name of the Next of Kin This letter is to be signed by an officer in the personnel dept. (whose rank is not below an Assistant Director) and the Pension Desk Officer of the MDA.

j.) last promotion letter before demise

k.) Evidence of transfer of service. (where applicable)

ORIGINAL BOND CERTIFICATE & CLEARANCE LETTER (EMPLOYEES OF LAGOS STATE ONLY)

a.) Original Bond certificate received during Bond ceremony

b.) The named administrator(s) is to complete the Lagos State's clearance processes on behalf of the deceased to enable the government issue a clearance letter to Tangerine APT Pensions Limited

PLEASE NOTE THAT: the self funded Lagos State institutions are not required to submit bond certificates

CONFIRMATION LETTER (PRIVATE SECTOR CLIENTS AND SELF FUNDED GOVERNMENT ORGANIZATIONS (ONLY))

A letter will be sent from Tangerine APT Pensions Limited to the client's previous employer to confirm Death and remittance of all contributions into the client's RSA. The application can only be processed for approval from the National Pension Commission on the receipt of the employer's response

BANK ACCOUNT DETAILS AND CONSENT LETTER (WHERE APPLICABLE)

The named administrator must fill his/her valid bank Account Number on the application form. Where there are multiple administrators on the LOA, payment will be made into either an Estate Account, Joint Account or the or the nominated bank account of one of the beneficiaries (where it is the latter, a letter of consent jointly signed by all the named beneficiaries will be required.

MEANS OF IDENTITY

The named administrator must fill his/her valid bank Account Number on the application form. Valid means of identification of the beneficiary. This could be any of the under listed

I.) National identity card

II.) Valid international passport

III.) Valid drivers license

IV.) Permanent Voters card

V.) NIMC Enrollment slip

PLEASE NOTE THAT: The means of ID must be valid at the point of submission and a minor without means of valid ID should be confirmed by a Notary Public

For deceased clients who were on programmed withdrawal as at the time of death, a letter of confirmation of Death and NOK is required from a notary public

OBITUARY (OPTIONAL)

A copy of the obituary or evidence from an imam or pastor can be attached to this application.

CERTIFICATE OF DEATH FROM THE HOSPITAL (WHERE APPLICABLE)

PLEASE NOTE

All original documents must be sighted and photocopies must be stamped that the original has been sighted.



APPLICATION PAYMENT FROM RETIREMENT SAVINGS ACCOUNT

RSA PIN

FIRST NAME

MIDDLE NAME

LAST NAME

OTHER NAME

EMAIL ADDRESS

RESIDENTIAL ADDRESS

EMPLOYER NAME

EMPLOYER ADDRESS

GENDER MALE FEMALE
 MARITAL STATUS SINGLE MARRIED DIVORCED WIDOW

MOBILE TELEPHONE NUMBER

OTHER TELEPHONE NUMBER

DATE OF BIRTH (DD MM YYYY)

DETAILS FOR NEXT OF KIN

FIRST NAME

MIDDLE NAME

LAST NAME

OTHER NAME

EMAIL ADDRESS

RESIDENTIAL ADDRESS

GENDER MALE FEMALE
 MARITAL STATUS SINGLE MARRIED DIVORCED WIDOW

MOBILE TELEPHONE NUMBER

OTHER TELEPHONE NUMBER

DATE OF BIRTH (DD MM YYYY)

APPLICATION TYPE

- 25% PAYMENT
- LUMP SUM AND PROGRAMMED WITHDRAWAL PAYMENT
- LUMP SUM AND ANNUITY PAYMENT
- ENBLOC PAYMENT
- NSITF PAYMENT
- HEALTH GROUNDS PAYMENT
- DEATH BENEFITS PAYMENT
- PRE ACT PAYMENT
- ADDITIONAL LUMPSUM PAYMENT
- VOLUNTARY CONTRIBUTION PAYMENT: PART =N= ALL
- FOREIGNER PAYMENT
- MISSING PERSONS PAYMENT

MODE OF EXIT FROM EMPLOYER

- TERMINATION OF EMPLOYMENT
- VOLUNTARY RETIREMENT
- RESIGNATION
- MANDATORY RETIREMENT
- STILL EMPLOYED

SECTOR

- PUBLIC
- PRIVATE (kindly process my exit benefit if my ex employer fails to respond to your letter in respect of confirmation of accrued pensions contribution)

PAYMENT ACCOUNT DETAILS

BANK NAME

BANK ACCOUNT NUMBER

MODE OF PAYMENT BANK DRAFT BANK ACCOUNT

CONFIRMATION OF EMPLOYMENT STATUS

- I HAVE BEEN UNEMPLOYED FOR THE LAST 4 MONTHS TO THE DATE OF THIS APPLICATION
- I HAVE BEEN EMPLOYED FOR THE LAST 4 MONTHS TO THE DATE OF THIS APPLICATION

DATE OF EXIT (DD MM YYYY)

Applications will ONLY be processed if they include ALL the required documents. if any document is missing, the Application will be considered INCOMPLETE and NOT ACCEPTED until the documents have been provided.

I confirm that the information supplied above by me is true and correct and hereby indemnify TANGERINE PENSIONS LIMITED, its officers and privies from any liability whatsoever arising out of false information provided by me above. I further authorize TANGERINE PENSIONS LIMITED to update the RSA details stated above with any of the information so provided above.

FOR OFFICIAL USE ONLY

SIGNATURE

DATE

NAME OF RECEIVING OFFICER

BRANCH / SERVICE CENTRE

SIGNATURE OF RECEIVING OFFICER

PHONE NUMBER

CUSTOMERS RECEIPT

PENSION RSA NUMBER

CLIENT NAME

APPLICATION TYPE

APPLICATION SUBMISSION DATE

NAME OF RECEIVING OFFICER

BRANCH / SERVICE LOCATION



The Managing Director
Tangerine APT Pensions Limited
Federal Mortgage Mortgage Bank Building,
Plot 266 Cadastral AO, Central Business District,
Garki, Abuja.

Dear Sir

CONSENT LETTER FOR PAYMENT OF DEATH BENEFITS

We the under listed beneficiaries as named on the attached letter of administration, hereby notify Tangerine APT Pensions Limited that we unanimously agree that the benefits in the Retirement Savings Account (RSA) of the late with RSA PEN
..... be paid to the bank account details

Account Name:.....

Account number:.....

Bank:.....

Yours faithfully

BENEFICIARY/ADMINISTRATOR(NAME)	SIGNATURE	PHONE NUMBERS	DATE

All beneficiaries must sign this consent letter

I agree that my personal information can be used in line with Tangerine APT Data Privacy Policy. :
www.TangerineAPT.Africa/privacy-policy. All enquiries/complaints can be forwarded to pensiondataprivacy@TangerineAPT.Africa

For Official Use only

I hereby authorize that the beneficiaries to the above named deceased client signed this consent letter in my presence

Name (CSO/Receiving Staff):_____

Signature:_____ Date:_____ Region:_____