

Attach
Administrator's
photo stamped
by Employer



GEPF/ BF/03

CLAIM FORM FOR DEATH BENEFIT PER SECTION 26 AND SECTION 30 OF GEPF RETIREMENT BENEFITS FUND ACT, 2013

GEPF RETIREMENT BENEFITS FUND		MEMBER'S PARTICULARS	
Director General GEPF Retirement Benefits Fund P.O. Box 11492 Dar es Salaam. Tel: +255 222 927 668, +255 222 927 669 Fax: +255 222 927672		Name of the Member: Address: Administrator's Name: Administrator's Tel: Administrator's Email:	
<p style="color: red;">Any person who for the purpose of obtaining any benefit misrepresents, furnishes false information or fails to disclose any material fact commits an offence per section 48 of GEPF Retirement Benefits Fund Act, 2013</p>			
MEMBERSHIP RECORDS		Gender (Please Tick): 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
Membership Number:		Date of Employment:	
First Name:		Date of First Contribution to GEPF:	
Middle Name:		Date of last Month Contribution:	
Surname of the Member:		Date of Death:	
Date of Birth:		Previous Maiden Names (If different from the above):	
Marital Status:		Permanent Address:	
Administrator's National ID No.:		Administrator's Regional Location:	
Administrator's Tel. No:		Administrator's District / Town:	
DECLARATION FOR DIRECT DEPOSIT TO ESTATE ADMINISTRATOR'S BANK ACCOUNT			
Account Name:		Bank Name:	
Account No.		Bank Branch Name:	
Attached: Certified copy of Bank Identity Card clearly showing the Bank, Estates Administrator's Name and Account Number and/or Names and Bank details of other Beneficiaries per the Will.			
Administrators Name:		Administrators Thumb Print:	
Administrators Signature:			
Employer's Name:		Name of the Authorizing Officer:	
Signature of the Authorizing Officer:		Official Stamp:	
Authorizing Officer Tel No:			
Date:			
Attachments Required:	1. Original Death Certificate / or Certified Copy of Death Certificate 2. Original letter of appointment of the Administrator from the Court 3. In case of any Order from the Court it should be stated clearly and all certified documents attached 4. Death Benefits Request letter from the employer		
FOR OFFICIAL USE			
Date Claim Form Received:		Missing particulars:	
Are the details/Particulars/Attachments complete?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Person who Confirmed the details in the form:		Officer who Authorized for processing	
Name:	Date:	Name:	Date:
	Signature:	Signature:	
Regional Office:			