



APPLICATION FOR A SURVIVING SPOUSE'S PENSION

SPSB/3

The surviving spouse's pension is paid monthly. The amount of pension is based on approved percentage of salary of the deceased for the last five years preceding death. It is payable to surviving spouse who has been living with the deceased for a period of not less than five years before the member's death.

1 Information about the deceased

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name of the deceased	Given Name
	His or her family name at birth, if different	Given name at birth, if different
Date of birth day month year __/__/____	Place of birth _____	National Identity Number □□□□□□□□□□□□
Date of death day month year __/__/____	Place of death _____	
His or her permanent address at time of death		
District		Country
Name of last employee		Position Held

3

Deceased person's marital status at time of his or her death (Check 1 box only.)		
<input type="checkbox"/> Married	▶ date of marriage	_____
<input type="checkbox"/> Common law spouse	▶ date of relationship	_____

4 Information about the surviving spouse

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Your family Name	Your given name
	Your family name at birth, if different	Your given name at birth
Your date of birth day month year __/__/____	Your place of birth _____	NIN Number □□□□□□□□□□□□

5 Information

Your permanent address at the time of the death	Your current address, if different
Telephone home	Telephone home

6

At the time of death, what was your relationship to the deceased? (check only 1 box.)

We had been legally married since ___/___/_____

We had been common law spouses since ___/___/_____

7

Information about children

Legitimate Children Family name at birth	Given Name	Date of Birth
1. _____	_____	___/___/_____
2. _____	_____	___/___/_____
3. _____	_____	___/___/_____
4. _____	_____	___/___/_____
Recognised children by the deceased	Given Name	Date of birth
1. _____	_____	___/___/_____
2. _____	_____	___/___/_____
3. _____	_____	___/___/_____
4. _____	_____	___/___/_____
Your date of birth ___/___/_____	Your place of birth _____	

8

Pension payment by direct deposit

Pension Payment by direct deposit. State the financial institution of your choice where you wish the person to be paid.
Name of financial institution _____ Your account number _____

Address _____

9

Declaration and signature of the surviving spouse

This section must be signed by the surviving spouse or a person authorized to act on his or her behalf.

I declare that all the information given on this application is true and correct. Date ___/___/_____

Signature X _____

FOR OFFICIAL USE

APPLICATION RECEIVED AND VERIFIED BY:.....DATE:.....

APPLICATION APPROVED BY.....DATE.....

MONTHLY PENSIONAMOUNT.....EFFECTIVE DATE.....

REFUND OF VOLUNTARY

CONTRIBUTION IN A LUMP SUM.....AMOUNT.....DATE PAID.....

DOCUMENTS TO ACCOMPANY APPLICATIONS

National Identity Card

Death Certificate of deceased's member or self-employed

Marriage Certificate or proof of cohabitation

Affidavit in support of the claim

Character certificate from the Department of Police