Mining Industry Pension Fund
"Cares for your future"

BN 11 FORM

To : THE PENSIONS MANAGER (MIPF)

RE : CLAIM FOR A REFUND OF ADDITIONAL DEATH BENEFIT

DATE : ……

Could necessary arrangements be made to refund us …… being Additional Death Benefit advanced to the beneficiaries of the deceased as funeral assistance

Employer Name.....

NAME OF BANK	BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	CURRENCY
				ZWG
				USD

Mine official's name :.....

Signature :.....

Position held :.....

Deceased member's details

Member's Full names :.....

R/S No :..... …….Member No. :.....

Identity number :.....

Last Month of Contribution :..... Date of Death :.....

Beneficiary's details

Full Names :.....Identity Number.....

Relationship :.....Address.....

Beneficiary Signature :.....

Employer Stamp