



HEDGE PENSIONS TRUST
P.O. BOX M336, MINISTRIES-ACCRA

ATTACH
 PASSPORT-SIZED
 PHOTOGRAPH

SURVIVORS' CLAIM FORM

SCHEME TYPE	<input type="checkbox"/> TIER 2	<input type="checkbox"/> TIER 3
SCHEME NAME		
SURVIVORSHIP DETAILS		
Deceased's Surname	FIRST NAME/OTHERS	
Date Of Birth Of Deceased	/ /	MOBILE NUMBER
Staff ID Of Deceased	SSNIT ID	
Employer Of Deceased		
Claimant's Surname	FIRST NAME/OTHERS	
Date Of Birth Of Claimant	/ /	MOBILE NUMBER
Relation Status Of Claimant	<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> NON BENEFICIARY
Relationship To Deceased	GPS ADDRESS OF CLAIMANT	
ID Type Of Claimant	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> VOTER'S ID <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> NATIAONAL ID
ID No. Of Claimant	EMAIL ADDRESS	
ATTACHED DOCUMENTS OF DECEASED	ALL CLAIMANTS	
	<input type="checkbox"/> EMPLOYER'S CONFIRMATION LETTER <input type="checkbox"/> DEATH CERTIFICATE/BURIAL PERMIT <input type="checkbox"/> OBITUARY	
	ADDITIONAL FOR NON BENEFICIARY	
	<input type="checkbox"/> LETTERS OF ADMINISTRATION OR <input type="checkbox"/> PROBATE <input type="checkbox"/> WILL	
Name Of Claimant's Bank		
Claimant's Account Name		
Claimant's Account Number		
Claimant's clAccount Branch		

BY SIGNING THIS FORM, I HEREBY DECLARE THAT THE INFORMATION AND DETAILS PROVIDED ABOVE, ARE COMPLETE AND ACCURATE, AND THAT HEDGE PENSIONS TRUST WILL NOT BE HELD LIABLE FOR ANY WRONGFUL EFFECT CAUSED BY THE DETAILS PROVIDED ABOVE

Claimant's Signature

Date

HPT OFFICIAL VERIFICATION (For official use only) DO NOT WRITE HERE

VERIFIED BY:			CLAIMANT'S DOCUMENTS ATTACHED <input type="checkbox"/> RECENT PASSPORT-SIZED PICTURE <input type="checkbox"/> EVIDENCE OF BANK DETAILS (COPY OF CHEQUE LEAFLET OR BANK STATEMENT) <input type="checkbox"/> VALID ID (ORIGINAL & 1 COPY)
_____ Name	_____ Signature	_____ Date	
APPROVED BY:			
_____ Name	_____ Signature	_____ Date	

NOTE:

- ENSURE THAT ALL RELEVANT DOCUMENTS ARE ATTACHED TO FACILITATE PAYMENT.
- FOR NON BENEFICIARIES, PAYMENT WILL BE MADE TO THE ACCOUNT OF THE ESTATE OF THE DECEASED.

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