



RETIREMENT BENEFIT AND DEATH COMPENSATION FUND

Payment of Death Compensation

PART - I

Paste passport size photograph

1 Personal Information

a) Personal #

b) Name of the Deceased employee

c) CNIC No.

d) Father / Husband's Name

e) Last Position held alongwith BPS

f) Name of Parent Department

g) Station / place of last posting

h) Date of Birth dd mm yyyy

i) Date of Appointment

j) Date of death

2 Whether regular contributor to

a) Group Insurance From To

b) RB&DC From To

c) Missing period in case of leave without pay etc.

i From To

ii From To

iii From To

PART-II

3 Nomination of beneficiary

a) CNIC No. of Spouse (in case of married employee)

b) Name of beneficiary (s) (nominated or otherwise) _____

S No	Name	Father's Name	CNIC No.	Date of Birth	Relationship with the	%age of Share
1						
2						
3						
4						
5						
6						



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4 Address of Beneficiary

Present/Postal

Permenant

Contact No.

**Signature or Thumb Impression
of Beneficiary**

5 Bank Detail

a) Name of Bank

b) Bank Code

c) Title of Account

d) Type of Account (i.e. PLS, Saving, Current)

d) Account No

Signature of Branch Manager

Stamp with Branch Code

PART-III

CERTIFICATES BY THE HEAD OF DEPARTMENT

- 1 The information contained above in respect of Mr/Miss/Mrs _____
_____ is correct according to our record.
- 2 The above named employee was neither a Contingent Paid / Work Charged / Adhoc / Contract employee etc nor a deputationist from any Provincial / local Government and he is/was a regular contributor of RB&DC & GI Funds. Further he /she was neither dismissed nor removed from service (in case of a deputationist from one Federal Government Department
- 3 Certified that the employee died during the continuance of service after retirement.
- 4 The particular of nominee(s) and sum assuured etc. of deceased employee mentioned in Part - I & II above are correct and there is no other nominee(s) as per record of this office. In case, particulars of nominee(s) given in Part - I & II found incorrect at later stage by any forum, our department will be responsible for refund of sanctioned amount(s) to RB&DC Fund.
- 5 Certified that the claim has been submitted for the first time and had never been sent previously from any office of this department.
- 6 The above named employee was not uniform employee of Armed forces at the time of death.

Dated _____

**Seal and Signature
Head of the office**

Forwarded to the Board of Retirement Benefit & Death Compensation Fund, Finance Department Peshawar for grant of retirement benefit

Dated _____

**Seal and Signature
Head of the Department**

**RETIREMENT BENEFIT AND DEATH COMPENSATION FUND****Payment of Death Compensation****Required documents & Instructions for submission of Application Form**

- a) The application form must be countersigned by the concerned Head Administrative Department / Head of Attached Department
- b) Death Notification/order under which the name of the said employee was struck off strength.
- c) Death certificate issued by NADRA / Union Council / Union Committee/Municipal Committee duly attested.
- d) CNIC in respect of the aforesaid deceased employee and the prospective beneficiaries and in case of any minor beneficiary, B-Form (Both sides of CNIC must be copied on A-4 size paper).
- e) Envelope containing one copy of photograph duly attested in respect of each beneficiary . In case of purdah observing ladies, photographs will not be required, A certificate that she is Purdah observing lady must be attached.
- f) Photocopy of cheque book leaf may be attached for confirmation of bank account
- g) Last pay certificate/computerized pay slip, Pay stoppage certificate duly signed by the office of the AG/DCA/DDO/DAO/AAO(s)
- h) Attested Photo copy of first and 2nd page of S/Book, In case of Gazetted a Service Certificate be issued by the AG/DCA/DAO/AAO(s).
List of dependent family members i.e. wife/wives, natural son(s), father, mother, minor brothers and
- i) unmarried/divorced/widowed sisters/daughters. The list should indicate name, CNIC No. relationship, age, marital status, profession, monthly income, present mailing address and contact number(s).
- j) Wholly dependency certificate (other than spouse) issued by the Head of the Department/Officer authorized by the department (Authority letter must be attached).
- k) Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of each beneficiary / dependents duly attested by class-1 Gazetted Officer.
- l) Nomination form for pertaining to Retirement Benefit & Death Compensation Fund filled in the employee during service
- m) In case of female prospective beneficiaries one widow/non-marriage/re-marriage certificate
- n) Forward application form with covering Letter to:

**Deputy Director (RB&DC), 1st Floor Directorate of Treasuries & Accounts, Khyber Pakhtunkhwa
Peshawar**