



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

VERIFICATION OF BANK DETAILS OF BENEFICIARY

Deceased member's initials and surname _____

Deceased member's date of birth _____

Beneficiary's initials and surname _____

Beneficiary's date of birth _____

Beneficiary's contact details: Postal: _____

Cell phone number _____

e-mail address _____

I, the undersigned

- instruct the Fund to make payment of the lump sum benefit due in respect of the above deceased's membership of the Fund to the below bank account in full and final settlement of this benefit and absolve the Fund of any further liability in respect of this benefit once it has been paid as instructed.
- guarantee that the banking details contained in this document are those of the above stated beneficiary and that all information contained in this document has been verified to be factually true and correct.

Should these banking details change, this document must be completed, signed and stamped again in order to verify and confirm the new details. **NO THIRD PARTY DETAILS WILL BE ALLOWED.**

The undersigned hereby guarantees that the banking details contained in this document are those of the above stated member and that all information contained in this document has been verified to be factually true and correct.

Bank Account holder name: _____

ID number of account holder: _____

Bank: _____

Branch name: _____

Branch code: _____

Account number: _____

For NamPost Savings Bank account: unique serial number (USN)

Account type: _____

Joint account: Yes No

Account holder's Signature

Date



Initials & surname of bank official

Signature of bank official

Date