

## THE UNITED REPUBLIC OF TANZANIA

## THE LOCAL AUTHORITIES PENSIONS FUND



Applicant's  
Photo

## APPLICATION FOR SURVIVOR'S BENEFITS

*(To be completed by the appointed administrator of the deceased member)*

**WARNING:**

*Any person who for the purposes of obtaining any benefit for himself or some other person makes any false statement or representation or produces or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence under the Local Authorities Pensions Fund Act No. 9 of 2006.*

**A. PARTICULARS OF A DECEASED MEMBER**

Deceased Member's Registration Number	Surname
First Name	Middle Name
Previous/Maiden Names	Gender <input type="checkbox"/> <input type="checkbox"/> Male Female
Date of Birth	Nationality
Marital status: Married/ Divorced/ Widow(er)/ Single	Number of month contributed

**B. APPLICANT'S PARTICULARS**

Name (in block letters)

.....

Relationship to the Deceased Member

.....

Address (In block letters)

.....

.....

.....Telephone

Number:.....

**Name and addresses of dependants of the deceased member**

NAME	RELATIONSHIP	TELEPHONE	ADDRESS
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**C: PAYMENT INSTRUCTION:**

Please pay survivor's benefits through Bank Account

Number..... Bank .....

Branch .....

**D: DECLARATION BY APPLICANT:**

I declare that the statements given in this Form are true to the best of my knowledge and belief.

Right Thumb print of the Applicant:

Signature of the Applicant .....Date .....

**E: CERTIFICATION OF THE DECEASED MEMBER’S EMPLOYER**

This is to certify that .....  
LAPF Registration Number .....Died on (Date).....  
Name of Certifying Officer .....  
Designation.....Signature.....  
Official Stamp .....  
Date .....

The following documents are submitted to support the claim:-

- Duly filled **Form LAPF/BEN.2** ( Application for Survivor’s Benefits);
- First appointment letter;
- Letter of appointment in the Local Government Service;
- Original Membership card (**LAPF/REG.4**);
- Last Salary slip;
- Certified copy of the death certificate/ **or burial permit / or letter from Ward Executive Officer;**
- Certified copy of minutes of meeting appointed the Administrator;
- Certified copy of marriage certificate(s);
- Certified Copies of birth certificates of children (under the age of 21 or 25 where applicable);
- Certified Copy of Court certification of the appointed Administrator of the estate of the deceased;
- Passport photo (one each) of dependants and Administrator (where applicable);
- Certified Copy of bank ID of the beneficiaries; and
- Original/Certified copy of Medical certificate of disabled child(s)

**F: CERTIFICATION BY ZONAL MANAGER**

This is to certify that ..... has submitted benefit claims with all the supporting documents.

Name: .....  
Signature: .....Office Stamp:.....  
Date: .....