



# NATIONAL PENSION COMMISSION

## NEXT OF KIN INDEMNITY FORM

THIS IS TO CERTIFY THAT I/WE .....

Of .....

Is the named next of kin to the deceased .....

Who died on the .....Day of .....

DO SOLEMNLY DECLARE as follows:

1. That I have not at any time prior to or after the death of the deceased collected any death benefit, including gratuity and/or life insurance from any institution, or organization or person.
2. That I shall indemnify any institution, organization or person from whom any benefit had been so derived either by omission or commission and/or in any way prejudicial to any regulations, guidelines or directives of the National Pension Commission or the Pension Reform Act, 2004.

.....

DEPONENT

Sworn at the High Court

This .....day of .....

BEFORE ME

(COMMISSIONER FOR OATHS)