

Please print all information in CAPITAL LETTERS and use BLACK INK only

PART I : DECEASED MEMBER'S DETAILS

Social Security Number

NAME OF DECEASED MEMBER

Surname

First Name

Other Name (s)

 AFFIX
 A PASSPORT-SIZE
 PHOTOGRAPH
 HERE

PART II : APPLICANT'S DETAILS
NAME OF APPLICANT

Surname

First Name

Other Name (s)

POSTAL / CONTACT ADDRESS OF APPLICANT

Postal Address

Tel. No.

Fax. No.

Email

Applicant Relationship to Deceased Member

PART VI : DECLARATION

I, the undersigned, being the person entitled to receive the whole or part of the amount due to the above named deceased member of the Scheme, do hereby declare that the facts stated above are true and accurate

LEFT THUMB PRINT

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 finger was
 used

RIGHT THUMB PRINT

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3		
4		
5		

Date of Completion

 DD / MM / YYYY

Signature or Mark of Applicant

Signature of SISF Schedule Officer

Date

 DD / MM / YYYY

Witness : Name of SISF Schedule Officer

FOR SISF USE ONLY

Please do not write below this line

Branch Office

Office of Payment

BRANCH MANAGER'S COMMENTS

Name of Branch Manager

Signature & Stamp of
Branch Manager

Date