Any person who makes a false statement or who produces or furnishes any information which he/she knows to be false in a material particular is guilty of an offence and may be liable to prosecution.
SECTION III: EMPLOYMENT RECORD

List all your employers starting with the most current Company (full name of organisation)

<table>
<thead>
<tr>
<th>Number</th>
<th>Company Name</th>
<th>Department/Section</th>
<th>Period of employment</th>
<th>Staff ID Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Continue on a plain piece of paper if necessary

Email address of last employer (for members who are 50 years and above and have been out of employment for less than one year)

----------------------------------------------

SECTION IV: FOR CLAIMANTS OF SURVIVORS BENEFITS ONLY

Beneficiary Surname .......................... ............................................................................................................................

Beneficiary other Names ..................................................................................................................................................

Nationality: .............................................................................................................................................................................

National Identification Number / Alien Identification Number: .................................................................

Current Residential Address: .............................................................................................................................................

Beneficiary Place of Birth: Village...............................................County...........................................................District...............................................................

Postal Address: ..........................................................................................................................................................................

Contact Tel. Number: .............................................................. Email: ..........................................................

Beneficiary’s Date of Birth ..............................................................Gender: Female □ Male □

Beneficiary’s Marital Status ...................................................................................................................................................

Beneficiary’s Father’s Full Names ...........................................................................................................................................

Beneficiary’s Mother’s Full Names ..........................................................................................................................................

Relationship with the Deceased ..................................................................................................................................................

Deceased Date of Death ...............................................................................................................................................................
### SECTION V: ELECTRONIC FUNDS TRANSFER

<table>
<thead>
<tr>
<th>BANK</th>
<th>MOBILE MONEY</th>
</tr>
</thead>
</table>

#### A. ELECTRONIC FUNDS TRANSFER

| NSSF NUMBER: |  |
| FULL ACCOUNT HOLDER' NAMES |  |
| BANK NAME |  |
| BANK ACCOUNT NUMBER |  |
| CURRENCY (EURO, GBP, KES, UGX, USD, TZS) |  |
| TELEPHONE CONTACT |  |
| BANK BRANCH |  |
| BENEFICIARY BANK ADDRESS |  |
| CITY |  |
| SWIFT CODE, SORT CODE AND IBAN No (FOR EURO FOREIGN ACCOUNTS) |  |
| ROUTING NO (USA) |  |

I consent that NSSF pays me in foreign currency based on the prevailing spot exchange rate its bank will offer ……………………………

#### B. MOBILE MONEY (For Benefits up to a maximum of Uganda Shillings 500,000)

| NSSF NUMBER: |  |
| MOBILE PHONE REGISTERED NAMES: | (Must be registered under beneficiaries names) |
| MOBILE NUMBER |  |

(To be signed in the presence of an NSSF Officer)

Claimant’s Signature: ……………………………. Date (DD/MM/YYYY)…………………………. Time (12 hour format): …………………

### FOR OFFICIAL USE ONLY:

#### SECTION VI: DECLARATION BY NSSF STAFF

I (Name)………………………………………………………………… (Title)……………………………………………………………… hereby confirm that the thumb-prints and photograph attached belong to the claimant and has been identified as per documentation provided.

Signature …………………………………………………………………… Date…………………………………………………………………
TERMS AND CONDITIONS FOR MODE OF PAYMENT

By adopting this particular mode of Payment stipulated in Section V the client agrees to the following:

1. The client acknowledges that this service is voluntarily undertaken by the client. That the information provided is correct and NSSF shall not be responsible for any loss that is occasioned as a result of wrong information provided and acted on
2. That NSSF shall take reasonable steps to verify authenticity of the Mobile Numbers but NSSF shall not be liable for acting on a wrong and or forged number provided to it
3. The client shall properly manage his/her PIN, passwords, pass codes and NSSF shall not be liable for any loss that is occasioned as a result of mismanagement of PINs, passwords, pass codes
4. NSSF reserves the right to alter the terms and conditions herein and the client hereby agrees to be bound by such changes for as long as they are communicated to the clients
5. The client acknowledges that the services herein may be provided by a third party and NSSF is not responsible for the charges levied by, omission or commission of the third parties
6. That NSSF shall provide the service during working hours and any authorisation or cancellation shall be made during these hours and NSSF shall not be responsible for completion or non-completion of the authorisation made after the working hours or made after the completion of a transaction
7. Working hours referred to in (6) above shall refer to any time from 8:00am to 5:00pm, Monday to Friday excluding public holidays.

Signed in acceptance of the terms and conditions:

Signature: ..................................................... Date (DD/MM/YYYY): ..................... Time (12 hour format): ....................
AGE BENEFIT AT 55 YEARS
1. 1 Current passport size photograph.
2. Copy of valid Personal Identification e.g. National Identity Card / Driving Permit/ Passport/ Financial Card/ Employer Identity Card
3. Proof of Bank Account details e.g. Bank slip or one page of a Bank Statement for any of the last three months, or a letter from the bank confirming bank details.
4. Alien registration card or work permit for non-Ugandans

WITHDRAW BENEFIT AT 50 YEARS
1. 1 Current passport size photograph.
2. Copy of valid Personal Identification e.g. National Identity Card / Driving Permit/ Passport/ Financial Card/ Employer Identity Card
3. Proof of Bank Account details e.g. Bank slip or one page of a Bank Statement for any of the last three months, or a letter from the bank confirming bank details.
4. Disengagement letter e.g. Termination letter OR End of Contract letter OR Introduction letter from last employer.
5. Alien registration card OR Work permit for Non Ugandans.

WITHDRAWAL BENEFIT (FOLLOWING EXEMPTED EMPLOYMENT)
1. 1 Current passport size photograph.
2. Copy of valid Personal Identification e.g. National Identity Card / Driving Permit/ Passport/ Financial Card/ Employer Identity Card
3. Proof of Bank Account details e.g. Bank slip or one page of a Bank Statement for any of the last three months, or a letter from the bank confirming bank details.
5. Certified copy of appointment letter
6. Warrant card for police officers OR Movement order for the Army OR Introduction Letter from the Parliamentary Commission for Parliament Staff OR pension card for pensioners
7. Pay slips for the last 6 months.
8. Alien registration card OR Work permit for Non Ugandans.

EMISSION GRANT
1. 1 Current passport size photograph.
2. Copy of valid Personal Identification e.g. National Identity Card / Driving Permit/ Passport/ Financial Card
3. Alien registration card OR Work permit for Non Ugandans
4. Proof of Bank Account details e.g. Bank slip or one page of a Bank Statement for any of the last three months, or a letter from the bank confirming bank details. The bank account must be held in the country where the claimant relocated.
5. Disengagement letter e.g. Termination letter OR End of Contract letter OR Introduction letter from last employer.
6. Evidence of permanent residence status or citizenship e.g. Passport or National ID, Green Card for US immigrants, indefinite leave to Stay Status for UK, Permanent residence card, settlement cards.
7. Evidence of Exit from Uganda e.g. Exit stamp from Uganda and/or Entry stamp to destination country
8. Cancelled OR Expired work permit OR clearance from Immigration Department in case of absence of work permit
9. Refugees: Introduction letter from Office of the Prime Minister OR Letter from International Organisation for Migration AND Repatriation card from UNHCR
10. Marriage certificate and spouse visa or dependant’s pass where applicable.
11. Introduction Letter from the embassy for Ugandans permanently relocating or Affidavit from the American Embassy in Uganda
12. Notarized Passport or notarized permanent residence card if claiming online

INVALIDITY BENEFIT
1. 2 Current passport size photographs
2. Copy of valid Personal Identification e.g. National Identity Card / Driving Permit/ Passport/ Financial Card/ Employer Identity Card
3. Proof of Bank Account details e.g. Bank slip or one page of a Bank Statement for any of the last three months, or a letter from the bank confirming bank details.
4. Disengagement letter e.g. Termination letter OR End of Contract letter OR Introduction letter from last employer.
5. Doctors Recommendation Letter (The client may be required to see the Fund Doctor)
6. Certified High court order appointing Manager for Estate for Persons of Unsound mind
7. Alien registration card OR Work permit for Non-Ugandans

SURVIVOR BENEFIT
1. 1 Current passport size photograph of the claimant.
2. Copy of claimant’s valid Personal Identification e.g. National Identity Card / Driving Permit/ Passport/ Financial Card/ Employer Identity Card
3. Proof of Bank Account details e.g. Bank slip or one page of a Bank Statement for any of the last three months, or a letter from the bank confirming bank details.
4. Certified copy of the deceased member’s Death Certificate from National Identification and Registration Authority (NIRA).
5. Introduction letter from the last employer of the deceased member OR Introduction letter from the LC.
6. Baptism Certificate for Children and Marriage Certificate or customary marriage letter for spouse, for claimants who had not been updated by the deceased member and for new registrations.
7. Map or directions to the Ancestral home/ burial site.
8. Certified copies of petition to the letters of Administration and the Letters of Administration OR certified copies of the Will of Deceased and Grant of probate - for benefits claims of UGX 5M and above.
10. Certificate of No Objection to the claimant for obtaining letters of administration for claims with an estate value above UGX 50M.
11. Alien registration card OR Work permit of the deceased for Non Ugandans.

PLEASE PRESENT ORIGINAL DOCUMENTS WHEN SUBMITTING CLAIM FOR COMPARISON WITH COPIES.