



Self-Declaration Form under Death Benefit

Deceased Member's Information	
Member's Name:	Member ID:
Address:	Phone No.: Email:
Employer: Address:	Date of Death:
Declaration of the Deceased Member's Spouse: I, _____ hereby declare that I am the present spouse of my late husband/wife namely _____ who have passed away on the _____.	
I certify that the information provided above is correct and true. I fully understand that if I have provided any false or misleading information, I shall be liable to refund the total paid amount under the Death Benefit to the Fund; otherwise, the Fund may take further necessary legal actions against me.	
Deceased Member's Spouse Signature: _____ Date: _____	
Witnessed by: _____ Date: _____ NRBF Officer	