

LAPF/BEN.5

THE UNITED REPUBLIC OF TANZANIA

LAPF PENSIONS FUND



BENEFICIARY  
PHOTO

**APPLICATION FOR WITHDRAWAL BENEFIT-LAPF DC SCHEME**

**A: APPLICANT'S PARTICULARS:**

LAPF Registration Number	Surname
First Name	Middle Name
Previous/Maiden Names <i>(If different from above with supporting evidence)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Nationality
Marital status	Permanent Address
Telephone:	National ID No.

**B. MEMBERSHIP PARTICULARS**

Date of first contribution	
Date of joining LAPF	
Date of Withdrawal	

**C: PREVIOUS CLAIMS**

(i) Have you ever applied for or paid any benefits by the Fund? **YES** [ ] **No** [ ]

If **YES**, state:

Type of benefit	Date Paid:
Amount paid:	Other comments:

**D: DECLARATION FOR DIRECT DEPOSIT**

I declare that my benefits to be deposited to the below written Bank Account .

Account No.	Bank Name:
Branch Name:	

**E: 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 .....

**F: CERTIFICATION BY ZONAL MANAGER.**

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

Name: .....

Signature:.....Office Stamp: .....

Date: .....

The following documents are submitted to support the claim:-

- Duly filled **Form LAPF/BEN.5** (Application for Withdrawal benefit -LAPF DC Scheme);
- Letter of intention to withdraw;
- Membership Card (copy if partial Withdrawal) ;
- One Picture (passport size);
- Certified Copy of Bank Identity.