



NTUC GIFT NOTIFICATION OF DEATH CLAIM

TO : LIFE CLAIMS DEPARTMENT
NTUC INCOME INSURANCE CO-OPERATIVE LTD
NTUC INCOME Centre, 75 Bras Basah Road Singapore 189557

To be completed and forwarded to NTUC INCOME together with a certified copy of the Death Certificate and any other relevant documents to support the claim upon verification from Unions/Associations.

1. Name of *Union/Association :	
2. Particulars of *union/association member	
(a) Name : _____	(b) NRIC No. : _____
(c) Date of birth : _____	(d) Place of birth : _____
(e) Union/Association Membership No. : _____	(f) Date joined *Union/Association : _____
(g) Membership type : *Ordinary/General Branch	
3. To be filled if member is/was a union/association leader	
(a) Position in Union/Association : _____	
(b) Date elected as Union/Association Leader : _____	
4. To be filled if claim is for deceased spouse (Please attach marriage certificate as proof of relationship)	
(a) Name of spouse : _____	(b) NRIC No. : _____
(c) Date of birth : _____	(d) Place of birth : _____
5. (a) Date last at work : _____	(b) Occupation : _____
6. (a) Date & time of death : _____	
(b) Place of death : _____	
7. (a) What was the cause of death _____	
(b) If death was the result of an accident, when and where did the accident occur? _____	
(c) Is a Coroner's inquest pending? _____	
8. Cheque to be made payable to : Dependent/Nominee (Please complete below if cheque is to be made payable to dependent/nominee)	
(a) Name of Dependent/Nominee: _____	(b) NRIC No. : _____
(c) Contact No : _____	(d) Relationship to Deceased : _____
(e) Address : _____	
NB Please attach proof of relationship (marriage or birth certificate)	

FOR UNIONS/ASSOCIATIONS/NTUC MEMBERSHIP DEPARTMENT OFFICIAL USE ONLY

We hereby declare that the statements given are true and complete, that the above *member/member's spouse *is/was eligible for the NTUC Gift and the member was in our membership roll at the date of death of *member/member's spouse.

Name : _____ Signature : _____

Designation : President/ General Secretary/ Executive Secretary/ Treasurer/
Director, NTUC Membership Dept (for GB members) *

Date : _____ *Union/Association Stamp : _____

* Delete where applicable



NTUC GIFT BENEFICIARY FORM

Please submit this form to your Union / Association.

Name of Member : _____ NRIC No : _____

Address : _____

Name of Union : _____

I hereby nominate the person(s) named in the Schedule as my nominees to receive at my death the shares set down against their respective names of all sums payable under the NTUC GIFT provided that the share of any nominee who dies before me shall pass to the surviving nominees and shall be shared amongst them in the same proportion as the respective shares of the surviving nominees bear to each other.

SCHEDULE OF PERSON(S) NOMINATED

Full Name & Address	NRIC/BC No	Age	Relationship	Percentage
				%
				%
				%
				%
				%

In the event that my nominee(s) has/have not attained the age of 21 years at my death, I hereby appoint:

Name : _____ NRIC No : _____

Address : _____

as guardian and trustee to receive the share on behalf of the minor nominee(s).

Signature of Member

Date

WITNESS: _____
Signature

Date

Name : _____ NRIC No : _____

Occupation : _____

Address : _____