

Public Service Retirement Benefits (Amendment)

GOVERNMENT NOTICE No. 62 published on 04/02/2011

THE PUBLIC SERVICE RETIREMENT BENEFITS ACT
(CAP. 371)

REGULATIONS

(Made under section 36)

THE PUBLIC SERVICE RETIREMENT BENEFITS (AMENDMENT) REGULATIONS

1. These Regulations may be cited as the “Public Service Retirement Benefits (Amendment) Regulations, 2011” and shall be read as one with the Public Service Retirement Benefits Regulations, 2003, hereinafter referred to as the Principal Regulations.

Citation
GN. No.
406 of
2003

2. The Schedule to the Principal Regulations is hereby amended by deleting forms number 6,8 and 9 and substituting for them the new forms number 6, 8 and 9 respectively.

Amend-
ment of
the
Schedule

SCHEDULE

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

PSPF - FN. 6

PUBLIC SERVICE PENSIONS FUND

1. The information to be filled here is very important for the preparation of terminal benefits for the member.
2. Registration Number should be the member's payroll check Number.
3. Address should be the address where the member will reside after retirement.
4. The bank details should be the bank name, Branch and the account that the member wants His/Her benefits to be paid to. (Choices available are CRDB Bank, NMB, Standard Chartered Bank and Barclays Bank).
5. A member who at any time of His / Her employment with the Central Government had been granted leave without pay, should indicate such a period in section A sub-section 8 of this form.
6. A member who at any time of His / Her employment had been transferred to local Government Authorities should indicate so in sub-section 9 of this form.
7. Any outstanding Loan with the Government / Employer should be declared in sub-section 10 of this form. The outstanding Loan declared should be as at the date of retirement.
8. A member should affix in the position provided a coloured passport size photograph.
9. The form must be signed by DAP or principal Administrative officer or any other authorised officer in-charge of the retiring employee (member) in the "employer" representative" box.
10. Two forms go to the PSPF and the other will be retained by the member.
11. The following should be attached to this forms:-
 - (a) Last promotion letter.
 - (b) Salary slip immediately before retirement.
 - (c) If previously employed on operational terms, he / she should submit the NSSF statement of contributions.
 - (d) A photocopy of a bank card (front view) displaying the bank A/C number and account name.
12. The forms should be returned to the following address:
Director General,
Public Service Pensions Fund,
P.O. Box 4843,
Dar es Salaam.

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

PUBLIC SERVICE PENSIONS FUND

PSPF - FN. 6

APPLICATION FOR RETIREMENT BENEFITS

Member
Photo

Made under regulation 16 (2)

(Triplicate Forms to be Completed by the Member in Capital Letters)

A. MEMBER'S DETAILS

1. Registration No. _____ 2. Surname. _____
2. Other Names. _____ Date of Birth _____
4. Postal Address: _____
5. Physical Address: _____ City. _____
Street. _____ Plot/House No. _____
6. Phone. _____ E-mail. _____
7. Bank Name. _____ (See overleaf no. 4) Branch Name _____
Account No. _____ Account Type _____
(fixed deposit / current / savings)
8. Leave without Pay (Give Dates); From _____ To _____
9. Local Authorities Service (Give Date); From _____ To _____
10. Any Outstanding Loan:
 1. _____ as at _____ Payee: _____
 2. _____ as at _____ Payee: _____
 3. _____ as at _____ Payee: _____
11. Date of Retirement / Invalidation _____
12. Reason for Retirement (Please tick the appropriate)
 - i. Attainment of pensionable Age []
 - ii. Early Retirement []
 - iii. Invalidation Benefit []
 - iv. Withdrawal Benefit []

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

WARNING: Any person who for the purpose of obtaining any benefit for himself or some other Person makes any false statement or representation or produces or causes to be produced or furnished any document or information which he knows to be false in material particular, commits an offence under the Public Service Retirement Benefits Act (No. 2 of 1999).

13. I do hereby certify and declare that all particulars as recorded above are correct and in accordance with my employment records.

14. Signature

B. EMPLOYER'S DETAILS

15. I certify that the particulars of the employee as recorded above are correct and true and in accordance to his / her records.

16. Name and address of Employer. _____

17. Employer's Representative Name _____ Signature _____
Signature _____ Date _____

Employer's rubber stamp

C. FOR PSPF USE ONLY

18. Checked by _____ Signature _____ Date _____

19. Approved by _____ Signature _____ Date _____

20. Remarks _____

Public Service Retirement Benefits (Amendment)

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PSPF - FN. 8

D. PARTICULARS OF SURVIVING CHILDREN

1. Name of Children who are under the age of 21 years or above if receiving full time education.

Name in Full	Date of Birth	Place of Birth	Address

E. OTHER CLAIMS LODGED BY THE CLAIMANT

Have you ever applied for or are you in receipt of any benefit under PSPF?
IF YES State:

- (i) Type of benefit
- (ii) Date Lodged
- (iii) Office Lodged
- (iv) Amount of benefit
- (v) Other comments

Public Service Retirement Benefits (Amendment)

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F. DOCUMENTS TO SUPPORT THE CLAIM

I attach the following documents to support my claims:

- (i) Certified copies of Birth certificates (if claimant is a child of deceased).
- (ii) Certification from school / college (for those above 21 and schooling).
- (iii) Certified copy of Marriage certificate (if the claimant is a spouse).
- (iv) The Death certificate of the Deceased member.
- (v) Medical certificate for children suffering from permanent invalidity.
- (vi) Minutes of the meeting to nominate administrator of the estate signed by chairperson and secretary.
- (vii) Letter of administration of the deceased estate.
- (v) Two photographs (passport size) for each beneficiary.

PSPF - FN. 8

PUBLIC SERVICE PENSIONS FUND



APPLICATION FOR SURVIVOR'S BENEFITS PENSION

Made under Regulation 16 (6)

(TO BE COMPLETED BY THE BENEFICIARY OF THE DECEASED MEMBER
IN BLOCK LETTERS)

WARNING: Any person who for the purpose of obtaining any benefit for himself or some other Person makes any false statement or representation or produces or causes to be furnished any document or information which he knows to be false in material particular, is guilty of an offence under Public Service Pension Fund Act (No. 2 of 1999).

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

A. PARTICULARS OF THE DECEASED MEMBER

1. Surname.
2. Other Names.
3. Father's Name:
4. Mother's Name:
5. Date of Birth:
6. Date of Death:
7. Death Certificate No.
8. Place of Birth.
9. PSPF Registration No.
10. Leave without Pay (Give Dates); From To
11. Local Authorities Service (Give Dates); From To
12. Any Outstanding Loan:
 1. as at Payee:
 2. as at Payee:
 3. as at Payee:

B. EMPLOYER'S DETAILS

13. I certify that the particulars of the employee as recorded above are correct and true and in accordance to his / her records.
14. Name and address of the Employer.
.....
15. Employer's Representative Name Designation.....

Employer's rubber stamp

Signature: Date:

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

C: CLAIMANTS PARTICULARS

1. Surname. _____
2. Other Names. _____
3. Date of Birth _____
4. Place of Domicile _____ Sex _____
5. Address. _____ Tel: _____
6. Relationship with deceased person _____

PSPF - FN. 8

PUBLIC SERVICE PENSIONS FUND

G: PAYMENT INSTRUCTION:

Please pay Survivor's Pension through: (Should be of the widower, widow or gurdian)

- (i) Bank Name: _____ (see overleaf no. 12)
- (ii) Branch Name _____
- (iii) Account Number _____
- (iv) Account Type (fixed deposit / current / savings) _____
- (v) City / Town _____

H: DECLARATION OF APPLICANT

I declare that the statements given in this form are true to the best of my knowledge

Signature of Claimant

Date

Name of Attesting Witness



Right Thumb Print
RTP

Signature and rubber stamp of the
Attesting Witness



Left Thumb Print
LTP

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

I: OFFICIAL USE PENSIONS OFFICE DECISION

Comments by an Authorizing Officer

Designation _____

Signature _____

Date _____

Approving Authority:

Name _____

Designation _____

Signature _____

Date _____

.....
* Attesting witness includes member of Parliament, Judge or Magistrate, Advocate, District Commissioner, Regional Commissioner, Minister of Religion or Member of the Board of PSPF, Local Government/Public servant of or above the executive grade.

PSPF - FN. 8

PUBLIC SERVICE PENSIONS FUND

FORM FILLING GUIDELINES AND GENERAL INFORMATION

1. The information to be filled in this form is very important and will form the basis for the preparation of the benefit of the member.
2. This form should be filled in duplicate and each form affixed with the beneficiary's coloured passport - size photograph.
3. The employer has to verify the accuracy and correctness of the records provided.
4. After verification of the Accuracy and correctness of the information filled, the employer's representative should sign and rubber stamp section 15 in part B.
5. PSPF Registration Number should be the member's respective payroll check number.
6. Number of employer should be the respective vote number and sub-vote.

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

7. If the Beneficiary / Claimant is PSPF member he must indicate his registration number.
8. The attesting witnesses include Member of Parliament, Judge or Magistrate, Advocate, District Commissioner, Regional Commissioner, Minister of Religion, or Member of the Board of PSPF or PSPF Lawyers, a Public servant of local Government service of or above the executive grade.
9. One copy of the form remains with PSPF and the employer retains the other copy.
10. Any outstanding Loan with the Government / Employer should be declared in sub-section 12 in part A of this form. The outstanding loan declared should be as at the date of Death.
11. The following should be attached to this form.
 - (i) Last promotion letters.
 - (ii) Salary slip immediately prior to death.
 - (iii) If Previously employed on operational term, the NSSF statement of Contributions must be submitted.
12. Selected Banks in part G are CRDB Bank, NMB Bank, Standard Chartered Bank and Barclays Bank.
13. In case of polygamous marriage, each spouse should fill FN. 8.
14. The forms should be returned to the following address:

Director General,
Public Service Pension Fund,
P.O. Box 4843,
Dar es Salaam.

Public Service Retirement Benefits (Amendment)

GN. No. 62 (Contd.)

PSPF - FN. 9

PUBLIC SERVICE RETIREMENT BENEFITS ACT, NO. 2 OF 1999

PUBLIC SERVICE PENSIONS FUND

Made under regulation 16(7)



APPLICATION FOR FUNERAL GRANT

(TO BE COMPLETED BY AUTHORIZED MEMBER OF THE FAMILY
OF THE DECEASED PERSON)

WARNING: Any person who for the purpose of obtaining any benefit for himself or some other Person makes any false statement or representation or produce or cause to be produced or furnished any document or information which he knows to be false in material particular, is guilty of an offence under the Public Service Pensions Fund Act (No. 2 of 1999).

A. PARTICULARS OF DECEASED MEMBER

1. Surname. _____
2. Other Names. _____
3. Previous /Maiden Names _____
4. Father's Name _____
5. Mother's Name _____
6. Death Certificate Number _____
7. Date of Death _____
8. PSPF Registration Number _____
9. Name of last employer _____
10. Number of the employer _____

B. EMPLOYER'S DETAILS

11. I certify that the particulars of the employee as recorded above are correct and true and in accordance to his/her records.

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12. Name and address of Employer _____

13. Employer's Representative Name _____ Designation _____

Employer's rubber stamp

Signature _____ Date _____

C. CLAIMANTS PARTICULARS

1. Surname. _____

2. Other Names. _____

3. Date of Birth _____

4. Place of Birth _____

5. PSPF Registration No. (if any) _____

6. Address _____

7. Relationship with a deceased person _____

D: DOCUMENTS TO SUPPORT CLAIM

I attach the following document to support my claim:-

- (i) Certificate of the death of the deceased person or certificate from ward Secretary certifying occurrence of the death.
- (ii) Agreement of the family of the deceased for the nominated claimant for funeral grant.

E: PAYMENT INSTRUCTION

Please pay my funeral grant through:-

Bank _____ (See form filling guidelines below no. 10)

Branch _____ Account Type (fixed deposit / current / savings) _____

Account No. _____ Town _____ OR

(i) To be collected at PSPF office _____ OR

(ii) To be posted to the following address

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F: DECLARATION OF APPLICANT

I declare that the statements given in this form are true to the best of my knowledge and belief.

Signature of Claimant

Date

Name of attesting witness

Signature of attesting witness and rubber stamp

Right Hand
Thumb Print
RHIP

Left Hand
Thumb Print
LHIP

FORM FILLING GUIDELINES AND GENERAL INFORMATION

1. The information to be filled in this form is very important and will form the basis for the preparation of the benefit of the member.
2. This form is to be filled in duplicate each affixed with the beneficiary's coloured passport - size photograph.
3. The employer has to verify the accuracy and correctness of the records provided.
4. After verification of the Accuracy and correctness of the information filled, the Employer's representative should sign and rubber stamp section 13.
5. PSPF Registration Number should be the member's respective payroll check number.
6. Number of employer should be respective vote number and sub-vote.
7. If the beneficiary / Claimant is PSPF member he must indicate his registration number.
8. The attesting witnesses include Member of Parliament, Judge or Magistrate, Advocate, District Commissioner, Regional Commissioner, Minister of Religion, Member of the Board of PSPF or PSPF Lawyers.

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GN. No. 62 (Contd.)

9. One copy of the form remains with PSPF and the employer retains the other copy.
10. Selected Banks in Part E are CRDB Bank, NMB, Standard Chartered Bank and Barclays Bank.
11. The forms should be returned to the following address: Director General, Public Service Pensions Fund, P.O. Box 4843, Dar es Salaam.

Dar es Salaam,
30th December, 2010

HON. MUSTAFA HAIDI MKULO (MP.),
Minister for Finance