

NSA PROVIDENT FUND

CLAIM FORM

NSA Provident Fund
for Filipino seafarers

RETURN CLAIM FORM TO:

Storebrand Pension Services AS
Provident Fund
Professor Kohts vei 9, P.O.Box 455
1327 Lysaker, Norway

Member's information

Membership No. : _____ Date of Birth : _____

Last Name : _____ Place of Birth : _____

First / Middle Name : _____

Address : _____

: _____

National Social Security No. : _____ Tax Identification No.: _____

Jurisdiction of tax residence : _____

E-mail address (optional) : _____

Name of Employer	Name of Vessel	Sign-on Date	Sign-off Date

PAYMENT CONCERNING:

- RETIREMENT** In case of Retirement, please enclose the following documents;
- **IMPORTANT;** In order for Storebrand to proceed with your application please make sure that National Social security No., Tax identification No., Jurisdiction of tax residence and Place of Birth are provided!
 - A copy of your personal passport
 - A copy of your Norwegian Seaman's documentation book
 - and/or certificate of seagoing service from employers
- DISABILITY** In case of Disability please enclose the following documents;
- The documents listed under Retirement
 - A confirmation from a doctor or hospital authorized by Norwegian authorities stating your permanent disability
- DEATH** In case of Death please enclose the following documents;
- The documents listed under Retirement
 - A certified copy of the death certificate
 - A copy of the Marriage Contract – if Spouse
 - A certified passport copy of designated beneficiary

Bank payment details: SETTLEMENT CAN ONLY BE MADE TO A BANK ACCOUNT IN YOUR NAME!

Name of Account Holder : _____
Account Number : _____
Name of Bank : _____
Bank Branch/Address : _____
S.W.I.F.T / BIC Code : _____
IBAN : _____

In case of death, the following information is requested from beneficiaries:

Date of Birth : _____ Place of Birth: _____
Last Name : _____ Last Name: _____
First Name : _____
Address : _____
: _____
Relation to Member : _____ E-mail address (optional): _____
National Social Security No.: _____ Tax Identification No.: _____
Jurisdiction of tax residence: _____

IMPORTANT: In order for Storebrand to proceed with your application please ensure to provide National Social Security No., Tax Identification No., Jurisdiction of tax residence and Place of Birth.

Bank payment details:

Name of Account Holder : _____
Account Number : _____
Name of Bank : _____
Bank Branch/Address : _____
S.W.I.F.T / BIC Code : _____
IBAN : _____

IMPORTANT: Due to new General Data Protection Regulation law with an enforcement date of May 25, 2018, Storebrand will no longer be able to receive e-mails containing any kind of personal data or information, nor documents containing personal data or information. Storebrand cannot guarantee that messages sent via regular, unsecured e-mail over the internet will not be known to others. Therefore, the documents must be sent by ordinary post as hard copy.

Place and Date

Member's / Beneficiary's signature

