

SPOUSE - 2024

CERTIFICATE OF EXISTENCE PUBLIC SERVICE PENSIONS FUND

P.O. Box 4469 MBABANE, ESWATINI. TEL: (+268) 2411 9000

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Email: info@pspf.co.sz

DECLARATION WITH REGARD TO SPOUSE

PENSION/REF NUMBER: _____

The original of this certificate must be completed and returned to PUBLIC SERVICE PENSIONS FUND. If the certificate is not signed by the pensioner or any of the required information is missing; the certificate is invalid and will not be accepted.

Details of the SPOUSE to whom the pension is payable

FULL NAMES & SURNAME _____

DATE OF BIRTH _____ ID/PASSPORT NO. _____ (Attach certified copy)

CELL PHONE _____ OTHER CONTACT _____

RESIDENTIAL AREA _____ REGION _____

I _____ hereby confirm that I have not remarried after the death of my spouse. I undertake to immediately notify the Fund to stop my pension in the event I re-marry since I will no longer be entitled to surviving spouse pension in terms of the law. I am fully aware that my omission to report remarriage constitutes an unjust enrichment and a criminal offence of fraud. Should the Fund discover any misrepresentation of facts or omissions thereof, legal action can be taken against me to recover the pension paid after remarriage and criminal proceedings for the fraud.

SIGNATURE OF SPOUSE/THUMB PRINT (in front of the Commissioner of Oaths) _____

PARTICULARS FOR COMMISSIONER OF OATHS

Certified under Oath and signed before me THAT THE PERSON NAMED ABOVE IS ALIVE.

At (Place) _____ on (Date) _____

SIGNATURE OF COMMISSIONER OF OATHS _____

FULL NAME _____

DESIGNATION _____ FORCE NUMBER (if applicable) _____

COMMISSIONER OF
OATHS
STAMP

BANK ACCOUNT DETAILS

ACCOUNT HOLDER _____

NAME OF BANK _____

BANK ACCOUNT NUMBER _____

BRANCH CODE / ACCOUNT TYPE _____

BANK MANAGER'S SIGNATURE _____

(PLEASE ATTACH CURRENT BANK STATEMENT)

BANK
STAMP

FOR PSPF USE: FORM RECEIVED BY: _____ DATE: _____