	NNSD FORM	Doc. No.:	F-NNSD-07
		Revision No.:	03
	APPLICATION FOR DEATH AID	Effective Date:	January 16, 2026
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Date: _____

THE NNSD MANAGER
Sir:

May I request for the release of death aid extended to deceased member-consumer. The following are the details of the subject accounts with BENECO:
Account Name (Deceased Member): _____**Members ID No.**_____
Address: _____
Account Number/s: _____

I am submitting the following documents required by your office to support my claim/application for the said assistance, to wit:

Spouse	Children	Parents	Siblings
__ Death Certificate	__ Death Certificate	__ Death Certificate	__ Death Certificate
__ Marriage Contract	__ Birth Certificate	__ Birth Certificate of the Deceased MCO	__ Birth Certificate
__ Approved Application for Change of Account Name (With complete attachments)	__ Approved Application for Change of Account Name (With complete attachments)	__ Approved Application for Change of Account Name (With complete attachments)	__ Approved Application for Change of Account Name (With complete attachments)
__ Photocopy of Valid ID	__Special Power of Attorney issued by the heirs assigning the applicant to receive the death aid	__ Special Power of Attorney issued by the heirs assigning the applicant to receive the death aid	__ Special Power of Attorney issued by the heirs assigning the applicant to receive the death aid
	__ Affidavit of applicant declaring that he/she is the only child/heir of the deceased member	__ Photocopy of Valid ID	__ Photocopy of Valid ID
	__ Photocopy of Valid ID		

NOTE: BENECO may require additional documents for validation purposes.
I certify that the above information is true and correct to the best of my knowledge.

APPLICANT/BENEFICIARY: _____
(Signature over printed name)
Contact number of applicant/beneficiary: _____
Applicant relationship to the deceased member: _____

ACTION TAKEN BY THE CONSUMER WELFARE OFFICE

This is to certify that based on available records/master list of members, the following information appears:

Account Name: _____**Address:** _____

Date of Membership: _____**BENECO ID No.** _____

Account Numbers: _____ **Total Share Capital Contribution:** _____
(Prior to the date of death of MCO)

I further certify that the above documents submitted satisfies the requirements for the release of death aid. Approval of the application/claim is hereby recommended.

Processed/Evaluated by:

_____
Consumer Welfare and Call Center Associate Date: _____

Reviewed by:

_____
Consumer Welfare Officer Date: _____

Approved by:

RAMEL B. RIFANI
Department Manager, NNSD Date: _____