

GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT NO. 16 OF 2022

The Local Authorities Superannuation Fund Act
(Laws, Volume 16, Cap. 284)

**The Local Authorities Superannuation Fund (Pension
Management) Rules, 2022**

IN EXERCISE of the powers contained in section 41 of the Local
Authorities Superannuation Fund Act, the following Rules are made:

PART I

PRELIMINARY PROVISIONS

1. These Rules may be cited as the Local Authorities Superannuation Fund (Pension Management) Rules, 2022. Title
2. In these Rules, unless the context otherwise requires— Interpretation
 - “associated authority” has the meaning assigned to the words in the Act;
 - “beneficiary” means a person receiving a benefit other than a member;
 - “Board” means a Board established under section 5 of the Act;
 - “contribution statement” means a member’s record of contributions;
 - “dependant” has the meaning assigned to the word in the Act;
 - “eligible employee” has the meaning assigned to the words in the Act;
 - “inactive member” means
 - (a) a member who is in receipt of an annuity, but whose record has been dormant for a period of five years or more; or
 - (b) a contributing member whose contributions have not been received for a continuous period of twelve months;

Cap. 60	“member” has the meaning assigned to the word in the Act;
Act No. 1 of 2018	“personal representative” has the meaning assigned to the words in the Wills and Administration of Testate Estate Act; and
	“public body” has the meaning assigned to the words in the Public Finance Management Act, 2018.

PART II

REGISTRATION

Registration of local authority or public body	<p>3. (1) A local authority or public body shall apply to the Board for registration in Form I set out in the Schedule.</p> <p>(2) The Board may, within sixty days of receipt of an application under sub rule (1), grant or reject the application.</p> <p>(3) The Board shall, where the Board rejects an application under sub rule (2), inform the applicant, in writing, and give reasons for the rejection.</p> <p>(4) The Board shall, where the Board grants an application under sub rule (2), inform the applicant in writing.</p> <p>(5) The Board shall, within fourteen days of granting the application, register a local authority or public body as an associated authority of the Fund and assign the associated authority an—</p> <p style="padding-left: 40px;">(a) effective date of registration; and</p> <p style="padding-left: 40px;">(b) employer number for the purposes of the Fund.</p>
Registration of eligible employee	<p>4. (1) An associated authority shall register an eligible employee with the Fund as a member within ninety days of being admitted as an associated authority in Form II set out in the Schedule.</p> <p>(2) Subject to sub rule (1), an associated authority shall register a subsequent eligible employee with the Fund as a member within thirty days of the date of appointment of the eligible employee.</p> <p>(3) The Fund shall, within fourteen days of registration of an eligible employee as a member in accordance with sub-rules (1) and (2), assign the member</p> <p style="padding-left: 40px;">(a) an effective date of registration; and</p> <p style="padding-left: 40px;">(b) a social security number for the purposes of the Fund.</p>

PART III

CONTRIBUTIONS

5. An associated authority shall submit contribution schedules to the Board on the 7th day of the month following the month when emoluments are earned by a member as set out in Form III of the Schedule. Contribution schedules
6. An associated authority and the Board shall conduct an annual reconciliation of contributions before the end of the first quarter of the following year for purposes of ensuring compliance with the Act and these Rules. Reconciliation of contribution
7. (1) The Board may, on its own motion, refund to a member contributions made in error to the Fund. Contributions made in error
- (2) A member or personal representative of a deceased member may apply to the Board for a refund of a contribution made in error in Form IV set out in the Schedule.
- (3) The Board may, within thirty days of receipt of an application under sub rule (2), grant or reject the application.
- (4) The Board shall, where it rejects an application under sub-rule (3), inform the applicant in writing, and give reasons for the rejection.
- (5) The Board shall, where it grants an application under sub-rule (3), inform the applicant, in writing, and remit the refund to the member or personal representative.
- (6) Despite sub-rule (5), the Board may retain the whole or part of the amount to be refunded to a member or personal representative eligible for a refund and apply it to an outstanding debt.
8. (1) Where a member is seconded by an associated authority to an institution that is not an associated authority, the period that the member is seconded shall not be reckoned when calculating the continuous service of the member under the Act. Contributions on secondment
- (2) A member who wishes to have the period referred to under sub rule (1) reckoned when calculating the continuous service, shall apply to the Board to continue making contributions based on the last salary received prior to the secondment in Form V set out in the Schedule.
- (3) The Board shall, within thirty days of receipt of an application under sub rule (2), grant or reject the application.
- (4) The Board shall, where it rejects an application under sub-rule (3), inform the applicant, in writing, and give reasons for the rejection.

(5) The Board shall, where it grants the application under sub-rule (3), inform the applicant, in writing, and that the applicant shall continue to remit contributions accordingly.

(6) The contributions referred to in this rule shall cover both the amount payable by the member and the associated authority.

Failure to pay
or remit
contribution

9. An associated authority that fails to pay a contribution or remit a contribution of a member due to the Fund commits an offence and is liable, on conviction, to a fine not exceeding two thousand five hundred penalty units or to imprisonment for a term not exceeding two years, or to both.

PART IV MEMBER'S RECORD

Contribution
statements

10. The Board shall furnish every member with a contribution statement on an annual basis.

Maintenance
of
records

11. (1) The Board shall cause to be kept proper records of members who are

- (a) currently contributing to the Board;
- (b) in receipt of a lump sum;
- (c) in receipt of an annuity; and
- (d) in receipt of a refund.

(2) The records referred to under sub-rule (1) shall be kept in the custody of the Managing Director at the registered offices of the Fund, shall be open to that member for inspection during normal office hours.

Confidentiality
of member's
records

12. (1) A member's record or any other information relating to a member under the Fund is confidential.

(2) Despite sub rule (1)—

- (a) a member shall have the right to access that member's record maintained by the Board;
- (b) a personal representative of a deceased member shall have the right to request and access information relating to the deceased member's record; or
- (c) an associated authority may request for information relating to a member as determined by the Board.

(3) A request for information relating to a member under sub-rule (2) (b) and (c) shall be made in writing and signed by the personal representative, or a chief executive officer or the head of a human resource management department of an associated authority

13. (1) A member who on inspection of a member's record, intends to amend an erroneous entry on the record with the Board, shall apply to the Board in Form VI set out in the Schedule.

Amendment
of
records

(2) The Board shall, within thirty days of receipt of an application under sub rule (1), grant or reject the application.

(3) The Board shall, where it —

(a) rejects the application, inform the applicant, in writing and give reasons for the rejection; or

(b) grants the application, inform the applicant, in writing and amend the member's record accordingly.

14. The Board shall archive a member's record who is over the age of hundred years and who has not claimed their annuity in the last one hundred and twenty months or more.

Archiving of
member's
record

15. (1) The Board shall maintain registers of members and associated authorities, in a manner determined by the Board.

Registers of
members

(2) The Board shall enter in the registers referred to under sub-rule (1), the details and particulars relating to

(a) associated authorities registered with the Fund;

(b) active members;

(c) inactive members; and

(d) any other information that the Board may determine.

(3) The registers referred to under sub-rule (1), shall be kept in the custody of the Managing Director at the registered offices of the Fund, and shall be open for inspection by members during office hours on payment of a fee as the Board may determine.

(4) The Managing Director shall, on the direction of the Board, cause copies of a register and any alterations of, or additions to, the register to be printed and published in a manner and form that the Board may determine.

(5) Subject to these Rules, a copy of the last published and printed register shall be *prima facie* evidence of what is contained in the register and the absence of the name of a member or associated authority shall be *prima facie* evidence that the member or associated authority is not registered.

PART V

BENEFITS

- Accrual of retirement benefit
16. (1) A retirement benefit shall start accruing on a member's last working day.
- (2) A member's retirement benefit shall cease to accrue where a member is over the age of hundred years and has not made a claim for an annuity in the last one hundred and twenty months or more.
- Adjustment of benefit
Cap. I
17. (1) Subject to the Constitution, the Board may adjust the minimum benefit to be paid to a member that the Board may determine.
- (2) An adjustment of the minimum benefit is valid if the adjustment is supported by financial performance of the Fund and actuarial advice from an actuary.
- Submission of claims
18. (1) A member, dependant or personal representative shall submit a claim for a benefit to the Board in Form VII(a) set out in the Schedule.
- (2) A claim made under sub-rule (1) shall be—
- (a) certified by an associated authority in Form VII (a) set out in the Schedule; and
- (b) accompanied by bank details in Form VII (b) set out in the Schedule.
- (3) The Board shall return a claim referred to in sub-rule (1) to a member, dependant or personal representative if the claim is incomplete and request the member, dependant or personal representative to complete the form.
- (4) The Board shall, on receipt of a complete claim made under this rule, assess the claim and pay a benefit to a member or beneficiary.
- Determination of date of birth
19. The Board shall, where a member, dependant or personal representative submits a national registration card for a member that only indicates the year of birth of that member deem the date of birth of the member as the 1st of July of the year indicated on the national registration card for the purposes of recording and computing the member's retirement benefit.
- Submission of life certificate by member
20. (1) A member below the age of seventy-five shall submit to the Board a Life Certificate every two years in Form VIII set out in the Schedule.

(2) A member aged seventy-five and above shall submit to the Board a Life Certificate every year in Form VIII set out in the Schedule.

(3) A benefit shall not be paid where a member has not submitted a Life Certificate in accordance with sub rules (1) or (2).

21. A widow receiving an annuity shall submit to the Board an affirmation of widow status in Form IX set out in the Schedule to enable the Board assess the widow's continued eligibility to receive an annuity.

Affirmation
of widow
status

PART VI

GENERAL PROVISIONS

22. Subject to section 46 of the Act, a member or an associated authority shall notify the Managing Director in writing, of a change in the particulars of that member or associated authority for the purposes of the Fund, within fourteen days of that change.

Change of
particulars

23. (1) A person shall not, without the consent, in writing, given by or on behalf of the Board, publish or disclose to any person, otherwise than in the course of that person's duties, the contents of a document, communication or information which relates to, and which comes to that person's knowledge in the course of that person's duties under the Act and these Rules.

Prohibition of
publication or
disclosure of
information
to
unauthorised
persons

(2) A person who contravenes sub rule (1) commits an offence and is liable, on conviction, to fine not exceeding two thousand five hundred penalty units or to imprisonment for a term not exceeding two years, or to both.

(3) A person who, having information which to the knowledge of that person has been published or disclosed in contravention of sub rule (1), unlawfully publishes or communicates the information to another person, commits an offence and is liable, on conviction, to a fine not exceeding two thousand five hundred penalty units or for imprisonment for a term not exceeding two years, or to both.

24. (1) The Board shall suspend payment of a benefit where—

Suspension
of
benefit
payment

(a) a member fails to submit a Life Certificate in accordance with rule 20; or

(b) a widow fails to submit an affirmation of widow status in accordance with rule 21.

(2) The Board may, before suspending the payment of a benefit under sub rule (1), notify the member or widow of the Board's intention to suspend payment of benefit and shall—

(a) give reasons for the intended suspension; and

(b) require the member or widow to

(i) show cause, within a reasonable period that the Board may specify in the notice, why the payment of a benefit should not be suspended; or

(ii) remedy the default.

(3) The Fund shall not suspend the payment of a benefit if the member or widow takes remedial measures to the satisfaction of the Fund within the period specified under sub rule (2).

(4) The suspension under this rule shall be lifted where a member or widow takes the necessary steps required to enable the Board to resume payment of a benefit in accordance with the Act or these rules.

(5) The Board shall, where it suspends payment of a benefit, publish the suspension, in a daily newspaper of general circulation in the Republic.

Appeals

25. A person aggrieved with the decision of the Board under these Rules may appeal to the Minister.

SCHEDULE
(Rules 3, 4, 5, 7, 8, 13, 18, 20 and 21)

Form I
(Rule 3 (1))



**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
EMPLOYER REGISTRATION FORM**

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in indelible ink.
- Submit copy of Company Incorporation/Registration Documents
- Submit copy of Resolution by Governing Body of intention to be admitted to membership of the Fund

Part A [APPLICANT DETAILS]

Name of Employer:

Nature of Business:

Employer Category:

Local Authority Public Body

Number of Employees in permanent and pensionable employment:

Physical Address:

.....

.....

Postal Address:

.....

Telephone Number..... Mobile Number

Fax Number:..... Email Address:

Part B [DETAILS OF AUTHORISED REPRESENTATIVES]

1. Name:..... Position:

Telephone Number: Mobile Number:

Signature:..... Date:

2. Name: Position:

Telephone Number: Mobile Number:

Signature:..... Date:

DECLARATION

I/We declare that the information submitted above is correct to the best of my knowledge

Part C [OFFICIAL USE]

Date registered with LASF.....

DD/MM/YYYY

Approved By:

Name:..... Designation..... Date.....

Account number allocated.....

OFFICIAL STAMP



Form II
(Rule 4(1))

**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
EMPLOYEE REGISTRATION FORM**

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in ink
- List down the names of all the beneficiaries.
- Submit a certified copy of National Registration Card of member.
- Submit a certified copy of proof of marriage, if married
- Submit certified copies of birth certificate or proof of adoption if beneficiary is a minor.
- Submit passport size photos for the applicant and all beneficiaries

PART 1 - PERSONAL DETAILS

NRC Number :

Title: Dr Mr Mrs Miss [Tick where appropriate]

Surname : Other Names :

Date of Birth: Gender: Marital Status:

Residential Address:

.....

Postal Address:

Telephone Number : Cell phone Number:

Fax Number(s) Right Thumb Print:

Email address :

PART 2 - EMPLOYMENT DETAILS

Employer Account Number

Name of Employer :

Date of employment:

Occupation/Position :

Province : Town :

PART 3 DETAILS OF BENEFICIARIES

<i>Name</i>	<i>NRC. No.</i>	<i>Relationship</i>	<i>Date of birth</i>
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

NOTES

- Supply fresh details in LASF Form VII every time there is a change in the information provided above.
- This declaration remains valid until it is changed in writing.
- If the space provided for dependants is insufficient, please use a separate sheet of paper.
- Please include the details of spouse(s) and parents on the list of beneficiaries.

PART 4 - DECLARATION BY THE MEMBER

I declare that the details I have supplied above are correct to the best of my knowledge.

.....
Member's signature

.....
Date

PART 5 - CERTIFICATION BY THE EMPLOYER

Name :

Position :

Signature :

Date :

FOR THE FUND'S OFFICIAL USE ONLY

Registered by :

Position :

Staff Number :

Date :

Social Security Number for the member :

Date joined the Fund:





Form IV
(Rule 7 (2))

**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
APPLICATION FOR REFUND OF ERRONEOUS CONTRIBUTIONS**

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in indelible ink.
- Submit certified copy of current pay statement (if applicable)
- Submit certified copies of pay statements during period of erroneous contributions.
- Form to be certified by authorised officer from the current employer or final employer in the case of a member that has left employment. The authorized officer shall be the Chief Executive Officer or the Head of the Human Resource function of the Employer or previous employer

PART A: MEMBER DETAILS

Surname: ForeName(s):.....
 NRC Number: Social Security No:
 Date of Birth: Date of Joining the Fund:.....
 Address.....

 Cell No:..... Email Address:.....
 Current Employer (if any):.....
 Employer Number:.....
 Reason For Refund:.....

 Refund Period: From.....to.....
 Employer at time of erroneous contribution:.....

PART B: PREVIOUS EMPLOYMENT DETAILS

Name of Previous Authorities (If applicable)

1 From To
 2 From To
 3 From To

PART C: DECLARATION BY MEMBER

I declare that the details I have supplied above are correct to the best of my knowledge.

.....

Member's signature

.....

Date

PART D: CERTIFICATION BY THE EMPLOYER

It is certified that the above information is correct.

Name: *Signature:*

Designation:.....

PART E: FOR THE FUND'S OFFICIAL USE ONLY

Received by :.....

Position :.....

Staff Number:.....

Date:.....

Please Affix official Stamp



Form V
(Rule 8 (2))

**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
CONTRIBUTIONS WHILE ON SECONDMENT**

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in indelible ink.
- Submit certified copy of current pay statement
- Submit certified copy of approved secondment minute
- Form to be certified by authorised officer from the current employer. The authorized officer shall be the Chief Executive Officer or the Head of the Human Resource function of the Employer

PART A: MEMBER'S PERSONAL DETAILS

Surname: First Name(s):.....
 NRC Number: Social Security No:
 Date of Birth: Marital Status:
 Cell No:..... Email Address:.....
 Current employer name:.....
 Department: Position:.....
 Date of Joining the Fund:.....
 Effective date of Secondment:.....
 Pensionable Emoluments at date of Secondment: ZMW.....
 Name of employer where Seconded:

History of other Secondments (If applicable)

1.....FromTo.....
 2.....FromTo.....
 Address while on secondment.....

PART B: CERTIFICATION BY THE SECONDING EMPLOYER

It is certified that the above information is correct.

Name: Signature:
 Designation:.....

PART C: DECLARATION/UNDERTAKING BY MEMBER

I declare that the details I have supplied above are correct to the best of my knowledge.

I further undertake that I shall make employer/employee contributions to the Fund on or before the 7th day of the month following the month when emoluments are earned, for the duration of my secondment, failing which, the period shall not be reckoned as part of my continuous service.

.....
 Member's signature

.....
 Date

PART D: FOR THE FUND'S OFFICIAL USE ONLY

Received by :.....
 Position :.....
 Date :.....

Please affix official
Date stamp



**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
APPLICATION FOR AMENDMENT OF RECORD**

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in ink
- Section Code refers to the Section under which employee exited employment (where applicable)
- Application must be accompanied by any relevant documents supporting the proposed correction
- If the space provided is insufficient, please use a separate sheet of paper.

A. DETAILS OF MEMBER

Name:

NRC No:/...../.....

Employer Name:

Employer No.:

Date of Birth:

Date of Joining:

Social Security No.:

Date of Termination:

Section Code:

Proposed Correction:

Reason for Correction.....

.....

.....

.....

I declare that the details I have supplied above are correct to the best of my knowledge.

.....
Signature:

.....
Date:

FOR OFFICIAL USE ONLY

B. RECORD APPRAISED BY:

Name: Signature:..... Date:

Section head

C. RECOMMENDATION:

Comments:

.....
.....

Signature: Date:/...../.....

For/ Director Contributions & Benefits

D APPROVAL

Granted

Rejected

Comments:

.....

Signature: Date:/...../.....

Managing Director

OFFICIAL STAMP



**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
CLAIM FORM**

The Managing Director
Local Authorities Superannuation Fund
P O Box 34626
LUSAKA

Dear Sir/Madam,

APPLICATION FOR BENEFITS FROM THE FUND

(To be completed by an employee/personal representative of the deceased member's estate on qualifying for a benefit)

Please forward the benefits payable to me using the bank details indicated on **LASF Form VII (b)** as a result of termination of my services with on due to

I certify that I am not transferring to employment with another Associated Authority subject to the Local Authorities Superannuation Fund Act and undertake to refund the full amount of the benefits together with interest at the rate of 4% per annum in the event that I get employed with any Associated Authority within twelve months from the date of my termination of services.

I further agree to the lien in the amount of K.....exercised on my benefits in accordance with section 45(2) of the LASF Act.

Yours faithfully,

.....
Name Signature

PART A: MEMBER'S PERSONAL DETAILS

(To be completed by the member/personal representative)

Surname: First Name(s):
NRC Number: Social Security No:
Date of Birth: Gender:
Marital Status:
Name of Employer: Employer Number:
Position Held: Department:
Date of Joining the Fund: Date of Termination:
Name of Previous Authorities (If applicable)

1 From To

2 From To

3 From To

Address

.....
.....
.....
.....

Contact Phone /Cell No.

Email Address:

PART B: DETAILS OF BENEFIT APPLIED FOR

(To be completed by the employer)(tick (“) where applicable)

(1) Section 23

Resignation or non-confirmation of appointment prior to completion of six (6) months of service.

(2) Section 26

Early retirement on attainment of pensionable age of 55.

Normal retirement on attainment of pensionable age of 60

Late retirement on attainment of pensionable age of 65

(3) Section 27

Retirement owing to ill-health

(4) Section 28

Retirement owing to retrenchment, re-organisation or abolition of office.

(5) Section 31

Female members leaving employment on marriage.

(6) Section 32

Dismissal

(6) Section 33(a)

Resignation/discharge before completing 7 years of service

(7) Section 33(b)

Resignation/discharge after completing 7 and more years of service

(8) Section 35

Death

NOTE:

- The certified copy of the National Registration Card for the member should be attached in all cases.

- A certified copy of the medical report should be attached for all retirements under Section 27.
- A certified copy of the relevant Board/Council resolutions/minutes should be attached for all separations under Section 28.
- A certified copy of the marriage certificate should be attached if leaving under Section 31.
- A certified copy of the evidence of death, order of appointment of Administrator, Marriage certificate/Affidavit of marriage, Administrator's National Registration Card should be attached for all death cases.
- Letter of notice from the employer must be attached in all applications under section 26.
- All applications must be supported by a covering letter from the employer.
- All applications must be supported by two recent passport size photos for the member and for the appointed Administrator for cases under section 35
- A certified copy of the last pay statement should be attached in all cases
- A covering letter from the employer must be attached in all cases
- LASF form VIII(b) must be attached for all cases

PART C: DETAILS OF SPOUSE, CHILDREN AND DEPENDANTS

(To be completed by the member/personal representative)

<i>Name</i>	<i>NRC No.</i>	<i>Relationship</i>	<i>Date of birth</i>
1
2
3
4
5
6
7
8

**PART D: EMPLOYEE INDEBTEDNESS (LIEN UNDER SECTION 45(2)/
DETAILS OF THE FINAL CONTRIBUTIONS.**

(To be completed by the Employer: Accounts Department)

Is the member indebted to the Employer? YES NO (tick (") where applicable)

If yes, recover ZMW.....from the member in Conformity with
Section 45(2) of the LASF Act.

Last monthly salary K.....

Last contribution K..... Month/Year.....

Certified by:

Name: Position:

Signature:..... Date:

PART E: CERTIFICATION BY THE EMPLOYER

It is certified that the above information is correct.

- a. NAME: Signature:
(Director of Finance/Council Treasurer or any authorised officer in Finance Department)

Please affix official Date stamp

- b. Name:Signature:
(Managing Director/Director of Personnel & Administration/Town Clerk/
Council Secretary or any other authorised Officer)

Please affix official Date stamp

Please affix official Date stamp



Form VII (b)
(Rule 18(2))

The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
BANK DECLARATION

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in indelible ink.
- Part II to be completed by Bank Manager/Relationship Manager/Personal Banking Manager/Customer Service Manager or any authorised officer of the Bank
- This Leaflet shall be completed each time there is a change in the bank details for a member, widow or personal representative

PART [I] PARTICULARS

Name:NRC No:/...../.....

Bank Name: Account Name:

Account Number: Branch Name:

Contact Address :.....

.....

Right thumb print

Contact Number :.....

Email Address:.....

For **all** death cases, indicate : Full Names for the
deceased.....

..... : NRC Number for the
deceased...../...../.....

..... : Social Security No for the
deceased.....

I declare that the details I have supplied above are correct to the best of my knowledge.

.....

Signature

.....

Date

PART [III] BANK DETAILS (FOR BANK USE ONLY)

Bank Name:Account Name:

Account Number:Branch Name:

Bank/Sort Code:

Form Completed/ Verified by:

Name:

Designation:

Signature: Date:

PART [III] FOR LASF OFFICIAL USE ONLY

Details Appraised By:

Name.....Signature:.....Date.....

Details Certified By:

Name.....Signature.....Date.....
(DCB/CBM/ACBM)

Account Details posted by:

Name.....Designation.....

Signature:.....Date:.....



Form VIII
(Rule 20)

**The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
LIFE CERTIFICATE**

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in ink
- A member below the age of 75 shall complete and submit this form to the Fund once every 2 years
- A member above the age of 75 shall complete and submit this form to the Fund annually
- Failure to submit the Life Certificate to the Fund shall lead to the suspension of the Annuity

PARTICULARS OF PENSIONER

Name.....Social Security No:.....
 NRC#...../...../.....
 Last Employer.....
 Contact Address.....

 Cell Number.....
 Email Address:.....

I declare that the details I have supplied above are correct to the best of my knowledge.

.....
 Signature Date

This part to be completed by Commissioner of Oaths, Legal Practitioner, Local Court Justice, Medical Practitioner, Chief, Headman, Minister of Religion, Bank Manager, School Headmaster, Labour Officer or Social Welfare Officer

I hereby certify that the person named above who is entitled to an annuity from LASF personally appeared before me this Day of 20..... and that to the best of my knowledge the information given is correct.

Name:.....
 Signature:.....
 Designation:.....
 Date:.....

OFFICIAL STAMP



Form IX
(Rule 21)

The Local Authorities Superannuation Fund (Pension Management) Rules, 2022
AFFIRMATION OF WIDOWS STATUS

INSTRUCTIONS

- Please ensure that you complete all the details.
- Use capital letters only and in ink
- To be completed by a widow in receipt of a widow's annuity
- This form shall be submitted to the Fund annually
- Failure to submit the Affirmation of Widow Status to the Fund shall lead to the suspension of the Annuity

TO BE COMPLETED BY THE WIDOW

I, NRC #...../...../.....

Last Employer of member.....

MAKE OATH AND SAY THAT I have / have not remarried since the death of my husband,

Mr. NRC NO...../...../.....

New Husband's Name

Date of Remarriage:

Widow's Signature:

.....

Contact Address:

.....

Email Address:

Cell Number:.....Date:.....

RIGHT
THUMB PRINT

This part to be completed by commissioner of Oaths, Legal Practitioner, Local Court Justice, Medical Practitioner, Chief, Headman, Minister of Religion, Bank Manager, School Headmaster, Labour Officer or Social Welfare Officer

I,hereby confirm that I have seen the pensioner named above who is entitled to a widow's pension from LASF and that to the best of my knowledge and belief the information given is correct and that the widow has/has not remarried.

Name:

Signature:

Designation:

Date:.....

G. G. NKOMBO,
*Minister of Local Government and
Rural Development*

LUSAKA
18th February, 2022
[LASF/MD/21/174]

