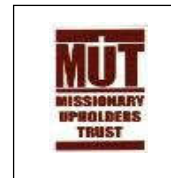


**MISSIONARY UPHOLDERS TRUST**  
 IMPACT A Project of Missionary Upholders Trust (MUT)  
Details to be furnished on DEATH OF IMPACT MEMBER



Form-7

|                                                                                                          |  |  |                                                                                                                                                                                          |                         |                         |  |    |  |  |
|----------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|--|----|--|--|
| <b>A. Name of Mission</b>                                                                                |  |  |                                                                                                                                                                                          |                         |                         |  |    |  |  |
| <b>B. Details of Deceased Missionary</b>                                                                 |  |  |                                                                                                                                                                                          | <b>MUT Scheme ID :-</b> |                         |  |    |  |  |
| 1. NAME<br>MR. / MRS./ MISS                                                                              |  |  |                                                                                                                                                                                          |                         |                         |  |    |  |  |
| 2. Cause of death:-                                                                                      |  |  |                                                                                                                                                                                          |                         |                         |  |    |  |  |
| 3. SEX :-      MALE <input type="checkbox"/> FEMALE <input type="checkbox"/><br>(Please TICK applicable) |  |  | 4. Marital Status:-    Married <input type="checkbox"/> Widower <input type="checkbox"/><br>(Please TICK applicable)      Single <input type="checkbox"/> Widow <input type="checkbox"/> |                         |                         |  |    |  |  |
| 5. Date of Birth :                                                                                       |  |  |                                                                                                                                                                                          |                         | 6. Date of Death        |  |    |  |  |
| 7. Postal Address :-                                                                                     |  |  |                                                                                                                                                                                          |                         | 8. Permanent Address :- |  |    |  |  |
| 9. Email Id :-                                                                                           |  |  |                                                                                                                                                                                          |                         | 10. Phone No:-          |  |    |  |  |
| 9. Languages Known:-<br>(No.1 will be the mother-tongue)                                                 |  |  | 1.                                                                                                                                                                                       |                         | 2.                      |  | 3. |  |  |

**C. Beneficiary Details**

| Relation | Name | Sex<br>M/F | Date of Birth | Occupation | Spouse<br>MUT ID                        |
|----------|------|------------|---------------|------------|-----------------------------------------|
| Spouse   |      |            |               |            | Please furnish the details if available |
| Father   |      |            |               |            |                                         |
| Mother   |      |            |               |            |                                         |

**D. Children Details**

| Sr. No. | Name | Sex<br>M/F | Date of Birth | Studying Which Class | Married/<br>Unmarried | Occupation |
|---------|------|------------|---------------|----------------------|-----------------------|------------|
| 1       |      |            |               |                      |                       |            |
| 2       |      |            |               |                      |                       |            |
| 3       |      |            |               |                      |                       |            |
| 4       |      |            |               |                      |                       |            |

| <b>E. Beneficiary Bank Details</b> |                   |
|------------------------------------|-------------------|
| 1. Name as per pass Book :-        |                   |
| 2. Bank Name:-                     |                   |
| 3. Account Number :-               |                   |
| 4. Branch :-                       | 5. Branch Code :- |
| 6. IFSC Code :-                    |                   |

**E. Life and Ministry report of the deceased missionary :-** Please add separate sheet

**F. Option for Finance Management Assistance (FMA) :** YES  NO  (Please Tick one)

Name & Designation:-

Signature of the CEO of the Mission with Seal:-

- Enclosure :-**
- 1) Photo of the deceased missionary with family members.
  - 2) Copy of Death Certificate
  - 3) Copy of Bank pass book first page of the Beneficiary.
  - 4) Date of Birth ID Proof of the Deceased Missionary and Beneficiary.
  - 5) Life and Ministry report of the Deceased missionary

**Please send the details to the following address:-**

Secretary/IMPACT  
 Missionary Upholders Trust,  
 No.30, (Old AP-341), 29<sup>th</sup> Street, Kambar Colony,  
 Anna Nagar West, Chennai-600040