

Employee Exit Form

For Employees Who Seek to Retain Funds on Pensions Account.

Tier 2 & Tier 3

Complete where applicable using block letters or

Section I - Employer Details (Please complete in full)

Employer Name

Employer Contact Person

Contact Number

Contact Person's E-mail

Section II - Details of Exiting Employee

Surname

First Name

Other

Date of Birth (DD/MM/YYYY) Age

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Age

Sex

Scheme ID Number

ID Card/Passport Number

SSNIT Number

Residential Address

Mailing Address

Email

Fixed Line

Mobile Number

Years of service with employer

Date of Employment (DD/MM/YYYY)

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Date of exit from employment (DD/MM/YYYY)

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Section III - Scheme/Exit Details

1. Grounds for Exiting Employment: (Please tick one box)

Retirement (i.e. scheme member reaches the retirement age of 60)

Early Retirement (i.e. scheme member reaches the age of 50 and has permanently ceased all employments/self-employment*)

Permanent Emigration from Ghana

Total Incapacity

Resignation

Dismissal/Termination/Retrenchment (*please underline appropriate option*)

Other (Specify)

2. Would you want your closing balance to be moved to a personal pension account that will enable you to make monthly contributions to that account?

Yes No

Section IV - Member Declaration

- I declare and certify that to the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete;
- I am duly informed and understanding that I will be liable to prosecution for any false information or declaration herein or hereafter made to the Scheme.

Signature (EMPLOYEE)

Signed Date (DD/MM/YYYY)

<input type="text"/>							
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**Section V – Vesting & Staff Liabilities:
To be completed by Both Employee and Employer**

1. Does Staff qualify for Employer Contribution? Yes No

2. Reason for the answer given above?

3. Does Employee have any outstanding staff loans or third party liabilities secured with PF Yes No

If yes, how much (GH¢)

Declaration – Outstanding Liabilities

I agree that my provident fund may be used to repay the loan owed to my employer. I direct Enterprise Trustees to pay the amount stated above to my employer. I understand that such payment shall constitute a valid discharge to Enterprise Trustees.

Signature (EMPLOYEE)

Authorized Signatory (EMPLOYER)

Signed Date (DD/MM/YYYY)

<input type="text"/>							
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Signed Date (DD/MM/YYYY)

<input type="text"/>							
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Section VI - Employer Declaration

- We the employers of Mr./Miss/Mrs./ _____ declare and certify that to the best of our knowledge and belief, the information given in this Form and its attachments is correct and complete;
- We* are duly informed and to my/our * full understanding that, I/we* will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.

Name of Organization		Official Stamp of Organization
Name (Human Resource Manager)		
(Human Resource Manager)Contact No./Email		
Signature	Date	
Name (CEO/Head of Finance)		
(CEO/Head of Finance)Contact No./Email		
Signature	Date	