

Porting Form For Transfer of Accrued Benefits



Complete using block letters

Member's Particulars (Please complete in full)

Member's Surname

Member's First Name

Social Security Number

Member ID Number with Enterprise Trustees

Date of Birth

ID Type

Cell Number

ID Number

Member's e-mail address

Name of Current Employer

Transfer Details (Please complete in full)

Name of Previous Employer

Name of Previous Trustee

Member ID with previous Trustee

Declaration on Election to Transfer

I.....a member of

.....(name of pension scheme at your previous place of work)

elect that all my contributions be transferred to

(Name of current scheme) and declare that to the best of our knowledge and belief, the information given in this form is complete and accurate.

Signature

Effective Date (DD/MM/YYYY)

