

Benefit payment for payment of Accrued Benefits Tier 2 & Tier 3



- ✓ What **FINANCIAL PLANS** do you have for your RETIREMENT YEARS?
- ✓ Did you know that **ACCUMULATING ADEQUATE FUNDS** assures you of peaceful stress-free retirement years?
- ✓ Did you also know that deciding NOT TO withdraw on your Provident Fund (Tier 3) today saves you from losing out on a whopping **15% TAX** on your withdrawal value?
- ✓ Make the decision NOT TO withdraw on your Provident Fund savings TODAY, and benefit from the magic of compound interest to achieve your intended **FINANCIAL PLANS** for your retirement years.

IMPORTANT NOTICE FOR PROVIDENT FUND (TIER 3) CLAIMS:

Please note that per Act 766, any amount applied for prior to THE 10TH YEAR of your signing onto a Provident Fund Scheme, will be liable to a **15% TAX** with exception on contributions that have already been taxed.

Complete where applicable using block letters or

NOTES:

1. This Form is to be completed by any person who wishes to apply for payment of accrued benefits
2. Please use **BLOCK LETTERS** for completion of this Form
3. Please write "N/A" if not applicable
4. The information given in this Form can be used by the Approved Trustee concerned and the *National Pensions Regulatory Authority* ("the Authority") in activities relating to the processing of your benefit and may be disclosed to other parties for such purposes.
5. All fields marked * is mandatory

Section I - Details of the Member

Surname *

First Name *

Other

Date of Birth (DD/MM/YYYY) *

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Age *

Sex

Scheme ID Number

National ID/Passport Number/Voter id/ Driver license

SSNIT Number*

Residential Address

Postal Address

Email*

Fixed Line

Mobile Numbers*

Date of employment (DD/MM/YYYY)

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Date of resignation (DD/MM/YYYY)*

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Section II - Ground for Benefit Request

1. Grounds for claiming accrued benefits: (Please tick '✓' one box)*

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

Early Retirement

a. scheme member who are underground workers (miners) and has reached the age of 50 and has permanently ceased all employments/self-employment*)

b. Scheme member has reached the age of 55 and has applied for voluntary retirement

Permanent Emigration from Ghana (*expatriates* *)

Total Incapacity

Resignation

Withdrawal on Provident Fund Account (Applicable to Tier Provident Fund Accounts only)

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

Other (Specify)

2. PAYMENT INSTRUCTION: PAYMENT AND DISTRIBUTION OF BENEFIT

Total Amount (GH¢) or Percentage (%) of Closing Balance Applied for:

WE ENCOURAGE TO YOU NOT TO TAKE OUT YOUR FULL BENEFIT, ENHANCE YOUR FINANCIAL PLANNING FOR RETIREMENT BY SAVING SOME OF THE BENEFITS DUE YOU IN A PERSONAL PENSIONS ACCOUNT.

No.	Choice	% of Total Amount
a.	Percentage to be used to open a Personal Pensions Account?	
b.	Percentage to be paid to Self?	

Account Details- Member Benefits

- Ensure that the bank account details supplied are in respect of your own account number.
- Note however that for Provident Fund Benefits, the value that will be paid into the account stated below will be less any outstanding third party liabilities and bank charges relating to your payment.
- Do make DOUBLE SURE that all account information is correct to prevent undue delays in the settlement of your benefit

Account Name*

Account Number*

Bank Branch Name*

Name of Bank*

Section III - Documents Enclosed

You must attach the following documents in respect of the claim for payment on grounds of (Please tick '✓' the appropriate box)

a. Retirement

i. A copy of your ID card for verification of your identity

ii. Retirement notification letter from Employer

b. Resignation

i. A copy of your ID card for verification of your identity

ii. Resignation notification letter from Employer

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c. Early Retirement

Option (1) Scheme member reaches the age of **55** and has applied for voluntary retirement

- I. A copy of your ID card for verification of your identity
- II. Redundancy letter from employer
- III. A formal application from employee addressed to the labour department requesting for employment status
- IV. The original copy of a statutory declaration on early retirement

Option (2) Scheme member reaches the age of **50** and has permanently ceased all Employments/self-employment* (underground miners)

- i. The original copy of a statutory declaration on cessation of employment or certificate of unemployment from labor Office
- ii. A copy of your ID card for verification of your identity

d. Withdrawal on Account

- i. A copy of your ID card for verification of your identity

e. Withdrawal of Tier 3 Provident Fund to settle Mortgage Loan

- i. Notarized Affidavit of residency
- ii. Bank Statement
- iii. Utility Bill
- iv. Tenancy Agreement (where applicable)

f. Dismissal/Termination/Retrenchment

- i. A copy of your ID card for verification of your identity card number
- ii. Letter of Dismissal/Termination/Retrenchment

g. Permanent Emigration from Ghana

- i. A copy of your ID card for verification of your identity
- ii. A copy of the immigration visa/foreign passport/ Entry Permit (for Ghanaian Residents)/others* etc._____ (Please specify type of other documents) giving the member the permission to reside permanently or for an indefinite period in a place outside Ghana.
- iii. The original copy of the statutory declaration on permanent emigration

Information on overseas settlement

- i. Country where you are permitted to reside permanently or for an infinite period

- ii. Overseas contact details *

Address	
Telephone No.	Fax
Email	

- iii. Additional overseas contact details *

Bank's Country	IBAN Details	Bank's Swift Code
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h. Total Incapacitation

- i. A copy of your ID card for verification of identity card number(s)
- ii. A copy of the medical certificate certifying Total Incapacitation
- iii. A copy of the letter from the employer (if employed immediately before Total Incapacitation) or the last employer (if employment has been terminated before Total Incapacitation) certifying that the contract of employment for that particular kind of work has been or will be terminated due to Total Incapacitation
- iv. The original copy of the Statutory Declaration on Total Incapacity if the benefit is made by the scheme member or SSNIT payment advice on invalidity pensions

Section V- Beneficiary Update*

1. Have your beneficiary details been updated? Yes No

2. If **NO**, kindly complete the table below;

NAME OF BENEFICIARY	BENEFICIARY DATE OF BIRTH	GENDER	RELATION TO CONTRIBUTOR	BENEFICIARY PHONE NUMBER	BENEFICIARY % (Total 100%)

Section IV – Vesting & Staff Liabilities: To be completed by Both Employee and Employer

1. Does Staff qualify for full/partial Employer Contribution? Yes No

2. If yes site Percentage(%) per vesting rule

3. Does Employee have any outstanding staff loans or third party liabilities secured with Provident Fund

Yes No

If yes, how much (GH¢)

Declaration – Outstanding Liabilities

I agree that my provident fund balance 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)

Signed Date (DD/MM/YYYY)

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Authorized Signatory (EMPLOYER)

Signed Date (DD/MM/YYYY)

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Account Details – Vesting and Staff Liabilities

This section is for employer to complete account details into which vesting and staff liabilities are to be paid

- a. Ensure that the bank account details supplied are in respect of employer liability and/or vesting liability account number.
- b. Do make DOUBLE SURE that all account information is correct to prevent undue delays in the settlement of your benefit

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Account Name*

Account Number*

Bank Branch Name*

Name of Bank*

Section VI - 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)

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Section VII - JURAT

If the Applicant cannot read and write English, the following Jurat should be signed

I certify that this Application Form, before being signed by the Applicant was first audibly, clearly and distinctly read over and explained to him/her in my presence and hearing and the said Applicant appeared perfectly to have understood same before making his/her mark hereto.

DETAILS OF WITNESS

Surname *																			
First Name *																			
Other Name																			
Date of Birth *	D	D	M	M	Y	Y	Y	Y	Age		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>						
Select Appropriate ID *	Passport <input type="checkbox"/>		Voter ID <input type="checkbox"/>		Drivers License <input type="checkbox"/>		Ghana Card <input type="checkbox"/>												
ID Number *																			
Signature *											Date *	D	D	M	M	Y	Y	Y	Y

Section VIII - 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/HR)		
(CEO/Head of Finance)Contact No.	Email*	
Signature *	Date	