

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*

Sign up date (DD/MM/YYYY)

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Closure of account date (DD/MM/YYYY)*

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Section II - Ground for Benefit Request

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

Partial withdrawal on Provident Fund Account

A copy of your ID card for verification of your identity

Closure of Account

A copy of your ID card for verification of your identity

Reason for closure of account

