Benefit payment for payment of Accrued Benefits

Personal Pension



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 | - Details of the Member

First Name *	Other
Date of Birth (DD/MM/YYYY) *	Age* Sex
) [
Scheme ID Number	National ID/Passport Number/Voter id/ Driver licen
Scheme in Number	National by Passport Number, Voter ld, briver licen
SSNIT Number*	J
Residential Address	
Postal Address	
Email*	
Fixed Line	Mobile Numbers*
Sign up date (DD/MM/YYYY)	Closure of account date (DD/MM/YYYY)*
ction - Ground for Benefit Request	.
 Grounds for claiming accrued benefits: (Pleas 	
Partial withdrawal on Provident Fund Account	
copy of your ID card for verification of your identity	
Closure of Account	



PAYMENT INSTRUCTION: PAYMENT AND DISTRIBUTION OF BENEFIT

Total Amount (GH¢) or Percentage (%) of Closing Balance Applied for:
Account Details- Member Benefits
 a. Ensure that the bank account details supplied are in respect of your own account number. b. 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. c. 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 - Tax Relief Confirmation 1. Have your contributions been taxed? Yes No
Section IV - Member Declaration 1. 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;
2. 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 (MEMBER) Signed Date (DD/MM/YYYY)