

CLAIM FORM

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK



Scheme Name:	<input type="text"/>		
Employer Name:	<input type="text"/>		
Employer Branch (Name or Number)	<input type="text"/>	Scheme Number:	<input type="text"/>

Member's particulars (please complete in full)

Member's surname:	<input type="text"/>		
Member's first name:	<input type="text"/>		
Social Security Number:	<input type="text"/>		
Date of birth:	<input type="text"/>	Ghana Card Number	<input type="text"/>
Member's residential address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Member's postal address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Telephone numbers at which member can be contacted:	(1) <input type="text"/>	(2) <input type="text"/>	
Cell numbers:	(1) <input type="text"/>	<input type="text"/>	
Member's e-mail address:	<input type="text"/>		
Amount of last contribution:	Member: <input type="text"/>	Employer: <input type="text"/>	

Type of Withdrawal (tick appropriate box)

<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Retirement/Redundancy	<input type="checkbox"/> Death
<input type="checkbox"/> Invalidity	<input type="checkbox"/> Emigration	<input type="checkbox"/> Partial Withdrawal	
Is there a divorce court order issued affecting the payment of fund benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the divorce order			

Indebtedness to employer to be recovered from benefits

The section provides two instances when a fund may deduct amounts from a members' benefits' These are:

1. When the member owes the fund or his employer money for an outstanding housing loan given by the fund or the employer or where the fund or employer provided a guarantee for a having loan taken by the member and the guarantee is enforced.

Payment instruction: Payment and distribution of benefit

1. Full benefit to be transferred to another approved Fund
2. Full benefit to be paid to member
3. Part transfer to another approved Fund and part benefit to member

Complete transfer section below in full
Complete benefit to member section below in full
Complete both the transfer and the benefit to member sections below in full

If the benefit is to be transferred to a Retirement Annuity, Preservation Fund or the new Employer's Retirement Fund, attach a copy of Application Form.

Name of Scheme/Fund:	<input type="text"/>		
Policy/Deposit reference:	<input type="text"/>		
Contact person's name:	<input type="text"/>		
Contact person's telephone:	<input type="text"/>	Cell:	<input type="text"/>
Contact person's e-mail:	<input type="text"/>		

