

# RETIREMENT NOTIFICATION FORM (DEFERRED MEMBER)



Full Name: \_\_\_\_\_

Former Employer: \_\_\_\_\_

### Member's Particulars

Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Contact No (Tel/Cell/Email): \_\_\_\_\_

### Type of Retirement: (please tick)

Compulsory     Early     Ill Health

### Payment of benefits (Options available)

- I wish to use my full benefit to purchase an annuity from a registered insurer.
- I wish to take a portion of my benefits as a lump sum payment (*maximum 50%*) and purchase an annuity from a registered insurer with the balance. If less than 50%, please specify \_\_\_\_\_  
Note: 33.3% is tax exempted, 16.7 is taxable.

Please note that you will be consulted for the purchase of a pension annuity with the remaining benefits (50% or more).

### PAYMENT INSTRUCTIONS:

Member's account details:

1. Account Name: \_\_\_\_\_
2. Bank Name: \_\_\_\_\_
3. Type of Account: \_\_\_\_\_
4. Account No: \_\_\_\_\_
5. Branch Name & Code: \_\_\_\_\_

Next of kin (Full name)	Relationship	Contact number
_____	_____	_____

**SIGNATURE & DECLARATION:** I declare that the information provided on this claim form is true.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorising Officer (Full Name): \_\_\_\_\_

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

