

RETIREMENT NOTIFICATION – DEFERRED PENSIONERS



Full Name: _____

Former Employer: _____

Member's Particulars

Omang No: _____ Date of Birth: _____

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 1/3*) and purchase an annuity from a registered insurer with the balance. If less than 1/3, please specify

Please note that you will be consulted for the purchase of a pension annuity with the remaining benefits (2/3 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: _____

