

WITHDRAWAL NOTIFICATION



Full Name: _____

Employer (Ministry / Dept): _____

Member's particulars

Omang No: _____ Date of Birth: _____

Date of Employment: _____ Date of Withdrawal: _____

Postal Address: _____ Contact No (Tel/Cell/Email): _____

Type of Withdrawal: (please tick)

- Resignation Dismissal
 Retrenchment Redundancy

Payment of benefits (Options available)

- I wish to take 25% of my benefit and transfer the balance.
 I wish to take 25% of my benefit and leave the balance with the Fund.
 I wish to leave my full benefit in the Fund.
 I wish to transfer my full benefit.

N.B If option 1 or 4 above is elected, provide details of the approved pension fund or approved retirement annuity to which the benefit is to be transferred.

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 & DISCHARGE: I declare that all information provided on this claim form is true.

Member's signature: _____ Date: _____

Authorising Officer (Full Name): _____

Authorised Signature: _____ Date: _____

Designation: _____

