

## RETIREMENT BENEFIT APPLICATION FORM

(Please complete with block letters)

ACCOUNT HOLDER'S PART	<u>ICULARS</u>			
PIN				
P E N				
NSITF NO -1				
_   _   _				
NSITF NO -2				
NSITE NO -2				
		1-1		
SURNAME	MIDDLE NAME	FIRST NAME		
DATE OF BIRTH	EFFECTIVE	DATE OF RETIREMENT		
r				
MARITAL STATUS: (M/S/D/W)				
PERMANENT HOME ADDRESS:				
	·····	······		
		······································		
CURRENT CONTACT / MAILING ADDRESS ( traceable street address):				

## Employer's Name and Address:.... Staff ID No: ......Grade Level ......Position ..... Last Pensionable Salary (a) Basic Salary (p.a) ...... (b) Housing Allowance (p.a) ..... (c) Transport Allowance (p.a) ......(d) Other Allowances (p.a)..... (e) Gross Emolument (p.a) ..... **REASONS FOR RETIREMNET BENEFIT CLAIM** (Please tick appropriately): NORMAL RETIREMENT DISENGAGEMENT — MEDICAL REASONS TERMS & CONDITIONS OF EMPLOYMENT **BENEFIT OPTION** (please tick as appropriate): PROGRAMMED WITHDRAWAL: MONTHLY OUARTERLY -LUMP SUM (only for retirement before age of 50 yrs.) LUMP SUM + PROGRAMMED WITHDRAWAL: MONTHLY QUARTERLY [ ANNUITY (please indicate the name of Insurance Company) LUMP SUM +ANNUITY

**CURRENT EMPLOYMENT DETAILS** 

## **BANK ACCOUNT DETAILS**

BANK NAME:					•••••	
BRANCH:						
ACCOUNT NAME:						
ACCOUNT NO:						
Please see required documer	nts behind					
<u>DECLARATION</u>			_			
provided above is to th	e best of my knowle	edge true and	decla accurate	re that the	informati	on
Signature / Date						<b>.</b>
Signature /Date	e Right in	umb Print		Left Thump Print		

## **Documents Required:**

- a. Letter of Notification of Retirement by the employee
- b. Letter of Notification of Retirement by the employer stating effective date of retirement, current wok level/grade and reasons for retirement.
- c. Copies of last 3 month's payslips
- d. Where retirement is on medical ground, a duly signed report to this effect by a qualified physician should be provided
- e. Where retirement is in accordance with the terms and conditions of employment, an official document to that effect should be provided.
- f. 2 recent passport photographs.
- g. Duly completed Trustfund Retirement Benefit Application Form (PP BEN 01)
- h. Official Certification of retirement form (for private sector)
- i. Acceptable means of Identification of Retiree (Either of Company ID Card, Drivers License, Int'l Passport, and National ID).
- j. Original copy of Federal Government Retirement Bond (for retiree in public sector where applicable)
- k. Original copy of Acknowledgement of Accrued Pension Right issued by the employer (for retiree in private sector where applicable)
- I. Birth certificate/declaration of age
- m. Retiree Indemnity Form
- n. A written confirmation that all expected pension contributions have been remitted into the staff's RSA and that his / her accrued rights paid (for private sector)

FOR OFF	FICE USE ONLY						
1.	Documentation Checklist : Complete Incomplete						
2.	Documents Waived						
3.	RSA Balance						
4.	Value of Retirement Bond/ Accrued Pension Right						
5.	Total Consolidated Benefit						
6.	Expected life Span ( from Mortality table)						
7.	Total annual remuneration						
8.	Lump Sum to be paid						
9.	Balance for programmed withdrawal/Annuity						
10.	Preferred Pension Payment Period : Monthly Quarterly Amount						
11.	Processed By:(Name, sign & date)						
12.	Verified By:(Name, Sign & Date)						
13.	Approved By:(Name, Sign & Date)						
14.	Internal Control & Audit:(Name, Date & Sign)						