

## Porting Form for Transfer of Accrued Benefits

### NOTES:

- (1) This Form is to be completed by any person who wishes to transfer benefit to another registered Scheme
- (2) Please use BLOCK LETTERS for completion of this Form
- (3) Please write "N/A" if not applicable
- (4) Attach a photocopy of any valid National ID (Voters ID, Passport, Driver's license, Ghana Card)

The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority ("the Authority") in activities relating to the processing of the claim and may be disclosed to other parties for such purposes.

AFFIX RECENT PASSPORT  
PICTURE WITH PLAIN  
BACKGROUND (INDICATE  
NAME BEHIND AND SIGN)

### SECTION I - DETAILS OF CLAIMANT

Surname *																												
First Name *																												
Other Name																												
Date of Birth *	D	D	M	M	Y	Y	Y	Y	Age		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>															
Select Appropriate ID*	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> Ghana Card <input type="checkbox"/>																											
ID Number *									Staff ID Number *																			
SSNIT Number *																												
USOPS Scheme ID Number*																												
Mobile Number *																												
Email Address *																												
Postal Address *																												
Residential Address *																												
Closest Landmark																												
Name of Institution *																												
Last Grade																												
Date of Joining Scheme	D	D	M	M	Y	Y	Y	Y	Date of Exiting Scheme *	D	D	M	M	Y	Y	Y	Y											

### SECTION II - EMPLOYER DETAILS

CURRENT EMPLOYER DETAILS	
Name of Current Institution	
Current Scheme Name	
Date of Joining Scheme (DD/MM/YYYY)	
PREVIOUS EMPLOYER/TRUSTEE DETAILS	
Name of Previous Employer	
Date of joining (DD/MM/YYYY)	
Date of Exiting (DD/MM/YYYY)	
Name of Previous Trustee/Scheme Name	
Scheme Type	Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/>
Member ID	
Name of Contact Person	
Contact Telephone Number	
Contact Email Address	

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### SECTION III - DECLARATION ON ELECTION TO TRANSFER

I....., certify that I am a registered Member and/my employer contributes on my behalf, I therefore elect that all my accrued benefits be transferred to .....

(Name of current scheme) and declare that to the best of our knowledge and belief, the information given on this form is complete and accurate.

Full Name	Member Signature	Effective Date (DD/MM/ YY)							

### Section II - Notice & Disclaimer: Anti Money Laundering/Countering Terrorist Financing

The University Staff Occupational Pension Scheme (USOPS) is by law mandated to ensure that it does not participate in transactions involving the proceeds of unlawful activities or funds intended for use in terrorist activities.

USOPS therefore requires its clients to:

- disclose the source of funds being paid to scheme;
- warrant and undertake that monies being paid to the scheme are not the proceeds of unlawful activities and are not intended for use in terrorist activities;
- indemnify USOPS and hold it harmless against all liability, responsibility, claims, expenses, losses or damages resulting from a breach of the warranty and undertaking in (ii); and
- agree to provide any information or take any action USOPS may lawfully require in order for USOPS to fulfil its statutory or regulatory obligations or to assist USOPS in the event of a breach of the warranty and undertaking in (ii).

i. By signing below, you confirm you understand and agree with the foregoing.

ii. Source of Funds: [please state] .....

Full Name	Member Signature	Effective Date (DD/MM/ YY)							

### SECTION IV – JURAT

*If the Applicant cannot read and write English, the following Jurat should be signed*

I certify that this Application Form, before being signed by the Applicant was first audibly, clearly and distinctly read over and explained to him/her in my presence and hearing and the said Applicant appeared perfectly to have understood same before making his/her mark hereto.

#### DETAILS OF WITNESS

Surname *																	
First Name *																	
Other Name																	
Date of Birth *	D	D	M	M	Y	Y	Y	Y	Age		Male <input type="checkbox"/>	Female <input type="checkbox"/>					
Select Appropriate ID *	Passport <input type="checkbox"/>		Voter ID <input type="checkbox"/>		Drivers License <input type="checkbox"/>		Ghana Card <input type="checkbox"/>										
ID Number *																	
Signature*									Date *	D	D	M	M	Y	Y	Y	Y