

Universities Staff Occupational Pension Scheme (USOPS)

Compulsory / Voluntary Retirement Benefit Payment Form

NOTES:

- (1) This Form is to be completed by any person who wishes to claim for payment of accrued benefits
- (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)
- (5) Attach all relevant documents under section III based on the grounds for claiming accrued benefit

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

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.

SECTION 1 - DETAILS OF CLAIMANT

SECTION 1- DETAILS	O_{I}		IVI/\I	V I																
Surname *																				
First Name *																				
Other Name																				
Date of Birth * D	M	M	Υ	Υ	Υ	Υ	Age			Sex		Mal	е		Fe	male	, _			
Select Appropriate ID *	Pa	sspor	t 🖂		Vo	ter ID			Drive	ers Lic	ense			Gha	hana Card					
ID Number *								Ç	Staff I	D Nun	nber *	7								
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	Υ	Υ	Υ	Υ	Date	e of Re	tirem	ent *	D	D	M	M	Υ	Υ	Υ	Υ

SECTION || - GROUND FOR BENEFIT REQUEST

Grounds for claiming accrued benefits: (Please tick ' $\sqrt{\ }$ ' one box) *

I. Compulsory Retirement (scheme member reaches the retirement age of 60 years)	
II. Voluntary Retirement	

SECTION III - DOCUMENTS ENCLOSED

You must attach copies of the following documents in respect of the claim for payment on grounds of (Please tick ' $\sqrt{\ }$ ' the appropriate box)

a. Compulsory Retirement (60 years)

i.	A copy of national ID card for verification of your identity	
ii.	Retirement notification letter from your institution	
iii.	SSNIT biometric ID card	
iv.	SSNIT Payment Advice Slip	



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b. Voluntary Retirement	b.	Voluntary	/ Retirement
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ii.	The	ıe origina	ы сору с	of a sta	atutor	y decla	ration or	n early								
iii	ISS	SNIT bion	netric ID	o card												
iv.	SS	SNIT Pay	ment A	dvice S	Slip											
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ii.	ces	ne origina essation nemployi	of emplo	loymen	nt or ce	ertifica		1								
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iv.	SS	SNIT Pay	ment Ac	dvice S	Slip											
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- III. This form was completed on my behalf by another person and;
 - a. I declare and certify that to the best of my knowledge and belief, the information given in this has been duly explained to my full understanding and satisfaction.
 - b. I am duly informed and to my full understanding that I will be liable to prosecution for any FALSE information or declaration herein or hereafter made to the Scheme.

Thumb Print	(MEI	MBE	R)					
Thumb Date	D	D	M	M	Υ	Υ	Υ	Υ

SECTION VI - 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	Υ	Υ	Υ	Υ	Age		Sex		Mal	е 🗀			Fema	ale 🗀		
Select Appropria	ate ID	*	Pas	spoi	rt \sqsubset]	Vo	ter II	D 🖂	Dri	vers	Licer	ise 🗆]	C	han	a Ca	rd \square]	
ID Number *																				
Signature *										D	ate ³	k	D	D	M	M	Υ	Υ	Υ	Υ