

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

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"/> Voter 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 Retirement *	D	D	M	M	Y	Y	Y	Y										

SECTION II - GROUND FOR BENEFIT REQUEST

Grounds for claiming accrued benefits: (Please tick '✓' one box) *

I. Compulsory Retirement (scheme member reaches the retirement age of 60 years)	<input type="checkbox"/>
II. Voluntary Retirement	<input type="checkbox"/>

SECTION III - DOCUMENTS ENCLOSED

You must attach copies of the following documents in respect of the claim for payment on grounds of (Please tick '✓' the appropriate box)

a. Compulsory Retirement (60 years)

i. A copy of national ID card for verification of your identity	<input type="checkbox"/>
ii. Retirement notification letter from your institution	<input type="checkbox"/>
iii. SSNIT biometric ID card	<input type="checkbox"/>
iv. SSNIT Payment Advice Slip	<input type="checkbox"/>

b. Voluntary Retirement

Option (1) Scheme member reaches the age of 55 years and has applied for voluntary retirement.

i.	A copy of national ID card for verification of your identity	<input type="checkbox"/>
ii.	The original copy of a statutory declaration on early	<input type="checkbox"/>
iii.	SSNIT biometric ID card	<input type="checkbox"/>
iv.	SSNIT Payment Advice Slip	<input type="checkbox"/>

Option (2) Scheme member reaches the age of 50 years and has permanently ceased all employments/self-employment.

i.	A copy of national ID card for verification of your identity	<input type="checkbox"/>
ii.	The original copy of a statutory declaration on cessation of employment or certificate of unemployment from Labour Office/NPRA	<input type="checkbox"/>
iii.	SSNIT biometric ID card	<input type="checkbox"/>
iv.	SSNIT Payment Advice Slip	<input type="checkbox"/>

SECTION IV - PAYMENT INSTRUCTION

Account Details- Member Benefits

- Ensure that the bank account details supplied are in respect of your own account number.
- Note however that the value that will be paid into the account stated below will be less any outstanding bank charges relating to your payment.
- Do make **DOUBLE SURE** that all account information is correct to prevent undue delays in the settlement of your benefit

Account Name*

Account Number*

Bank Name *

Branch Name

SECTION V - MEMBER DECLARATION

- I completed this form in my own handwriting and I declare and certify that to the best of my knowledge and belief, the information given in this Form and its attachment(s) are correct and complete.
- 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.

Signature (MEMBER) *

Signed Date (DD/MM/YYYY)

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III. This form was completed on my behalf by another person and;

- 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.
- 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 (MEMBER)

Thumb Date	D	D	M	M	Y	Y	Y	Y	Y

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	Y	Y	Y	Y	Age		Sex	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	