



## BENEFIT WITHDRAWAL FORM

### 1. Contributor Details

Name of Contributor: .....

SSNIT Number: ..... Gender: .....

Scheme Member ID: ..... Date of Birth: .....

Ghana Card ID No: ..... Tel Number: .....

Email Address ..... GPS Address: .....

### 2. Withdrawal Details *(tick the box where applicable)*

Type of Scheme: Shield Occupational Pension Scheme  Shield Provident Fund Scheme  Shield Cedi Kor A Day Personal Pension

Employer Sponsored Scheme: .....

Type of Withdrawal: Full withdrawal  Partial Withdrawal GHS \_\_\_\_\_

Reason for the Withdrawal :

a. Retirement @60	<input type="checkbox"/>	b. Resignation	<input type="checkbox"/>
c. Early Retirement	<input type="checkbox"/>	d. Termination	<input type="checkbox"/>
e. Total Incapacity	<input type="checkbox"/>	f. Permanent Emigration from Ghana	<input type="checkbox"/>

Other: .....

**3.Payment Details (BANK)**

Account Name: .....

Bank Name: .....

Account Number: .....

Branch: .....

**4.Payment Details (MOBILE MONEY)**

MOMO Number: .....

MOMO Network: .....

Account Name: .....

**5. Member Declaration**

I ..... certify that the information provided on this form is correct and complete. I further authorize the Trustee of the scheme to process and pay my benefits to the bank account details I have indicated above. I understand that I will be liable to prosecution for any false declarations.

Signature.....

Date.....

For Death Claim kindly provide death certificate and letters of administration where needed.

Name of Beneficiary: .....

Relationship with deceased .....

Gender: .....

Ghana Card ID No: .....

Date of Birth: .....

GPS Address: .....

Tel Number: .....

Email Address: .....

**5. Claimant Declaration**

I ..... certify that the information provided on this form is correct and complete. I further authorize the Trustee of the scheme to process and pay any benefits assigned to me by the deceased to the bank account details I have indicated above. I understand that I will be liable to prosecution for any false declarations.

Signature.....

Date.....

**6. EMPLOYER SECTION (for employer's official use only)**

Vesting Provision (Provident Fund Withdrawals)

YES

NO

Is the Employee vested in the Employer Contributions

If Yes kindly give reasons: .....

Name of Employer: .....

Tel. Number: .....

Email Address: .....

GPS Address: .....

Finance Officer

Signature

Date

Human Resource Officer

Signature

Date

NB: Please return this form signed by either one of the signatories above.

I ..... in the capacity as .....  
certify that the information provided on this form is correct and accurate.

OFFICIAL USE ONLY

Verified By Client Service Executive	Signature	Date