

PENSIONS ALLIANCE TRUST LTD.

BENEFICIARY WITHDRAWAL FORM



Instructions:

Please fill in **BLOCK LETTERS** and return the hard copy to **PENSIONS ALLIANCE TRUST** office or send a scanned copy to clientservice@pensionsalliancetrust.com along with copies of all necessary documents.

SCHEME AND BENEFICIARY INFORMATION

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
Name of Contributor:			
Date Passed Away [DD/MM/YYYY]:			
PAT Membership Number:			
SSNIT Number:			
Previous Employer:			

SCHEME TYPE [PLEASE TICK THE SCHEME TYPE YOU ARE WITHDRAWING FROM]

Pensions Alliance Trust Fund [Tier 2]	<input type="checkbox"/>
Pensions Alliance Fund [Tier 3]	<input type="checkbox"/>
Personal Pensions [Tier 3]	<input type="checkbox"/>
Enidaso Scheme [Informal Sector]	<input type="checkbox"/>

LIST OF BENEFICIARIES

BENEFICIARY 1

Name:	Relationship to Contributor:
Bank Name:	Branch:
Account Name:	ID Type:
Account Number:	ID Number:

BENEFICIARY 2

Name:	Relationship to Contributor:
Bank Name:	Branch:
Account Name:	ID Type:
Account Number:	ID Number:

BENEFICIARY 3

Name:	Relationship to Contributor:
Bank Name:	Branch:
Account Name:	ID Type:
Account Number:	ID Number:

BENEFICIARY 4

Name:	Relationship to Contributor:
Bank Name:	Branch:
Account Name:	ID Type:
Account Number:	ID Number:

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DECLARATION

We authorize the Trustee to transfer the Pension Benefits of the named Contributor to the Bank Accounts indicated on this form. We certify that the instruction and information provided herein are true and correct and that Pensions Alliance Trust Ltd. will not be held liable for any errors or omissions that result from the usage of the information.

Applicant 1 Signature:

Applicant 2 Signature:

Applicant 3 Signature:

Applicant 4 Signature:

Stamp and Date

Date [DD/MM/YYYY]:

FOR OFFICE USE:

Verified by:

Signature with Date: