

PENSIONS ALLIANCE TRUST LIMITED

TIER 2 ENROLMENT FORM (PENSIONS ALLIANCE TRUST FUND)



Instructions:

Please fill in **BLOCK LETTERS** and return a hard copy to PENSIONS ALLIANCE TRUST office or a scanned copy to clientservice@pensionsalliancetrust.com along with a copy of any valid National ID card.

CONTRIBUTOR'S NAME	SURNAME		OTHER NAMES	
	SURNAME		OTHER NAMES	
PREVIOUS NAME <small>(PLEASE ATTACH GAZETTE)</small>	SURNAME		OTHER NAMES	
	SURNAME		OTHER NAMES	
PERSONAL DETAILS	DATE OF BIRTH (DD/MM/YYYY)	AGE	GENDER (Tick Box) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	COUNTRY OF BIRTH	NATIONALITY	MARITAL STATUS	
	RESIDENTIAL ADDRESS		MAILING ADDRESS	
IDENTIFICATION DETAILS	<input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE	ID NUMBER	SSNIT NUMBER	
	<input type="checkbox"/> VOTER'S ID <input type="checkbox"/> NATIONAL ID	TIN NUMBER		
CONTACT DETAILS	E-MAIL ADDRESS	MOBILE NUMBER	LANDLINE	
OTHER DETAILS	PLACE OF BIRTH	MOTHER'S NAME	FATHER'S NAME	
	DISTRICT / REGION	MOTHER'S ADDRESS	FATHER'S ADDRESS	
EMPLOYMENT DETAILS	OCCUPATION	COMPANY NAME	DEPARTMENT	
	PREVIOUS EMPLOYER	PREVIOUS TRUSTEE	TRANSFER FUNDS FROM PREVIOUS TRUSTEE (Tick Box) <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRIBUTION DETAILS	ANNUAL BASIC SALARY (GHC)	MONTHLY BASIC SALARY (GHC)	5% MONTHLY CONTRIBUTION	

BENEFICIARY NOMINATION

I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:

NAME OF BENEFICIARY	DATE OF BIRTH	RELATION	PERCENTAGE ALLOCATION (100%)	CONTACT NUMBER

DECLARATION:

I declare and certify that:-

- 1) The facts herein stated are accurate and true;
- 2) Pensions Alliance Trust Limited will not be held liable for the usage of the information provided on this form for its intended purpose.

DATE: SIGNATURE / THUMBPRINT:

FOR EMPLOYER	NAME OF ENROLMENT OFFICER	STAMP AND DATE
	SIGNATURE	
FOR PENSIONS ALLIANCE TRUST	DATE RECEIVED	DATE ENTERED
	RECEIVING OFFICER NAME AND SIGNATURE	ENTRY OFFICER NAME AND SIGNATURE