

PENSIONS ALLIANCE TRUST LTD.

PENSIONS ALLIANCE FUND WITHDRAWAL FORM



Instructions:

Please fill in **BLOCK LETTERS** and forward a hard copy to PENSIONS ALLIANCE TRUST office or soft copy to clientservice@pensionsalliancetrust.com along with all necessary documents and a valid NATIONAL ID card.

SCHEME AND CONTRIBUTOR INFORMATION			
TITLE	FIRST NAME	MIDDLE NAME	SURNAME

Name of Applicant:	
Employer:	
Date of Birth [DD/MM/YYYY]:	Phone Number 1:
PAT Membership Number:	Phone Number 2:
SSNIT Number:	Staff ID:
ID Type:	ID Number:
Email:	

TYPE OF WITHDRAWAL [PLEASE TICK APPLICABLE]

PARTIAL*

INDICATE NET AMOUNT: (GHC)

FULL*

*A 15% TAX WILL BE DEDUCTED FOR MEMBERS WHO HAVE BEEN IN THE SCHEME FOR LESS THAN 10 YEARS

SCHEME TYPE [PLEASE TICK APPLICABLE]

Pensions Alliance Fund	<input type="checkbox"/>
Enidaso Scheme	<input type="checkbox"/>

BANK ACCOUNT DETAILS

Name of Bank:	Branch:
Account Name:	
Account Number:	

DECLARATION

I authorize the Trustee to transfer my Pension Benefits to the Bank Account indicated on this form. I 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.

<p>Applicant's Signature:</p> <hr/> <p>Date [DD/MM/YYYY]:</p> <hr/> <p>FOR OFFICE USE ONLY (PENSIONS ALLIANCE TRUST)</p> <p>Verified by:</p> <hr/> <p>Date:</p> <hr/> <p>Signature:</p> <hr/>	<p style="font-size: large;">Employer Stamp and Date</p>
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