

PENSIONS ALLIANCE TRUST LTD.

BENEFITS TRANSFER FORM



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.

SCHEME AND CONTRIBUTOR INFORMATION

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
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Name of Applicant:

Employer:

Date of Birth [DD/MM/YYYY]:

Phone Number 1:

PAT Membership Number:

Phone Number 2:

SSNIT Number:

ID Type:

ID Number:

E-mail:

SCHEME TYPE [INDICATE SCHEME YOU ARE TRANSFERRING INTO]

Pensions Alliance Trust Fund [Tier 2]

Pensions Alliance Fund [Tier 3]

Enidaso Scheme [Personal Pension]

PREVIOUS SCHEME DETAILS

Former Employer:

Name of Contact Person:

Mobile Number:

Former Trustee:

Name of Contact Person:

Mobile Number:

DECLARATION

I authorize the Trustee, PENSIONS ALLIANCE TRUST LIMITED (PAT) to receive all my accrued pension benefits from my former Trustee. I certify that the instruction and information provided herein are true and correct and that PAT will not be held liable for any errors or omissions that result from the usage of the information.

Applicant's Signature:

Date [DD/MM/YYYY]:

FOR EMPLOYER'S USE:

Verified by:

Signature:

Current Employer Stamp and Date