

## FUND PORTING FORM

Note: Please provide and crosscheck the correct information below

### 1. MEMBER DETAILS

Title		Postal Address	
Surname		Residence Address	
Other Name(s)		Nationality	
Ghana Card No.		Hometown	
Date of Birth		Region	
SSNIT No.		GPS Address	
Ghana Card No.		Other ID Card	
Tel No.		ID Card No	
Email Address		Occupation	
Gender		Marital Status	

### 2. PREVIOUS EMPLOYMENT DETAILS

Name of Employer		First date of contribution	
Tel Number		Scheme Name	
Business location		Scheme Type	

### 3. CURRENT EMPLOYMENT DETAILS

Name of Employer		Current Trustee Name	
Tel Number		Scheme Name	
Business location		Scheme Type	

### 4. CONTRIBUTOR'S DECLARATION

I,....., do hereby declare to elect that all my accrued benefits be transferred to Standard Pensions Trust and that all information provided is complete and accurate.

Signature.....

Date.....

**FOR OFFICE USE ONLY**

Authorizing Officer

Signature.....

Date.....

