

BENEFIT WITHDRAWAL FORM

1. Contributor Details

Name of Contributor:

SSNIT Number: Gender:

Scheme Member ID: Date of Birth:

Ghana Card ID No: Tel Number:

Email Address GPS Address:

2. Withdrawal Details *(tick the box where applicable)*

Choose Scheme One: Best Master Trust ☐ Best Provident Fund ☐ Best Pension Fund ☐

Employer Sponsored Scheme:

Type of Withdrawal: Full withdrawal ☐ Partial Withdrawal GHS

a. Retirement @60 ☐ b. Resignation ☐

c. Early Retirement ☐ b. Termination ☐

Reason for the Withdrawal: d. Total Incapacity ☐ d. Permanent Emigration from Ghana ☐

Other:

3. Payment Details

Name on Account:

Bank Name:

Account Number:

Branch:

4. Member Declaration

I..... certify that the information provided on this form is correct and complete. I further authorize the Trustee of the scheme to process and pay my benefits to the bank account details I have indicated above. I understand that I will be liable to prosecution for any false declarations.

Signature.....

Date.....

For Death Claim kindly provide death certificate and letters of administration where needed.

Name of Beneficiary:

Relationship with deceased Gender:

Ghana Card ID No: Date of Birth:

GPS Address: Tel Number:

Email Address:

4. Claimant Declaration

I certify that the information provided on this form is correct and complete. I further authorize the Trustee of the scheme to process and pay any benefits assigned to me by the deceased to the bank account details I have indicated above. I understand that I will be liable to prosecution for any false declarations.

Signature.....

Date.....

5. EMPLOYER SECTION (*for employer's official use only*)

Vesting Provision (Provident Fund Withdrawals)

YES

NO

Is the Employee vested in the Employer Contributions

☐☐

If Yes kindly give reasons:

.....

Name of Employer:

Tel. Number:

Email Address:

GPS Address:

.....
Finance Officer

.....
Signature

.....
Date

.....
Human Resource Officer

.....
Signature

.....
Date

NB; Please return this form signed by either one of the signatories above.

I..... in the capacity as

..... certify that the information provided on this form is correct and

OFFICIAL USE ONLY

Verified By Client Service Executive	Signature	Date