

Guidelines for Completing Employee Redemption Form

Please read through the guidelines carefully before completing the redemption form on page 2 of this document. This will prevent delays in processing your redemption as a result of providing inaccurate information or submitting an incomplete form.

Biographical Data

i. The name and SSNIT number that you indicate on the form must be same as what we have in our records. If you have changed your name or any other bio-data, kindly provide us with a document supporting the change (e.g. gazette publication, a sworn affidavit).

Redemption Details

ii. The name on the National ID that you submit must correspond with the name we have in our records. Please ensure that the expiration date on the National ID has not elapsed. We accept any of the following National IDs indicated in the categories below:

Category 1

- ☐ Passport
- ☐ Driver Licence
- ☐ National Identity Card

Category 2 (Include SSNIT ID Card)

- ☐ Voter ID and SSNIT ID Card
- ☐ NHIS Card and SSNIT ID Card

iii. Please select only **one option** under Withdrawal Amount. Your redemption form will be considered invalid if you complete both options.

iv. Please note that a withdrawal of all or part of your accrued benefit before the tax exemption period of ten (10) years may be subject to a 15% withholding tax payable to the Ghana Revenue Authority.

v. Funds withdrawn are subject to any vesting rules that govern the scheme you contribute to.

Redemption Requirements

Statutory Retirement

- ☐ National ID card for verification of your identity
- ☐ Retirement letter from your employer
- ☐ Birth Certificate will be required from individuals who do not have a retirement letter from their employer

Voluntary/Early Retirement

- ☐ National ID card for verification of your identity
- ☐ Statutory declaration (affidavit) stating that you are no longer actively employed
- ☐ Retirement letter from your employer (if applicable)
- ☐ Birth Certificate will be required from individuals who do not have a retirement letter from their employer

Death

- ☐ Kindly contact our customerservice team for more information on a claim for a deceased employee

Other

- ☐ National ID card for verification of your identity
- ☐ Any other document applicable

Employer Declaration

i. Indicate the percentage of employer contribution vested (e.g 100% for full vesting, 50% for partial vesting etc.)

ii. Selecting "Exempt" for employer contribution vested indicates that the company wishes to pay **all** the employer contributions to the employee although it has not vested. Tick "Exempt" if contributions are being done by the employee only.

iii. Selecting "Yes" for employer contribution vested indicates that the employee has met the vesting requirements of the pension plan. Indicate the percentage of the employer contribution vested.

iv. Selecting "No" means the employee **does not** meet the vesting requirements of the pension plan.

iv. Kindly attach an official letter (from the employer) together with a pledge letter if lien/loan balance is to be paid to the employer

Payment

vii. A closed cheque will be issued in your name. Kindly note that the cheque must be deposited into your bank account.

Typically, it takes 3 days for a cheque to clear.

Please fill out Section 1, 2 & 3 of this form if you want to make a withdrawal from your tier 3 benefit with Petra Trust. The complete form should be presented to your employer for endorsement (Section 4). Kindly send a scanned copy of the completed form together with your National ID indicated in Section 1 and all relevant documents to customerservice@petratrust.com or deliver a hard copy to Petra Trust office, No. 113, Airport West, Dzorwulu, Accra. If you have any questions or concerns, kindly call us on 024 243 5037 (Ext. 1) or send an email to customerservice@petratrust.com

Please complete all the required field (*).

1 Biographical Data

Title	First Name*	Middle Name	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth* (DD/MM/YYYY)		Social Security Number/Petra ID*	
<input type="text"/>		<input type="text"/>	
National ID Type*		National ID Number*	
<input type="text"/>		<input type="text"/>	
Employer Name*			
<input type="text"/>			
E-mail Address			
<input type="text"/>			
Telephone Number*			
<input type="text"/>			

2 Redemption Details

A. Withdrawal Amount*

(Please select and complete **ONLY** one of the two options below by checking the applicable box. If you complete both options, your form will be considered **INVALID** and will not be processed. Kindly note that any amount withdrawn may be subject to a **15% withholding tax** if it is before 10 years of contributions).

☐ **Option 1** Indicate the specific amount you want to redeem

☐ **Option 2** Tick this box if this is a full/hundred percent (100%) redemption.

B. Reason for Withdrawal* (Please select your reason for withdrawal by checking the applicable box).

☐ Statutory Retirement ☐ Voluntary/ Early Retirement ☐ Resignation

☐ Other, please specify

Please check this box if you are exiting the company permanently ☐

3 Employer Declaration

Has the employer contribution vested?* Yes ☐ No ☐ Exempt ☐ Employer contribution vested %

Does the employee have a loan/ lien to be recovered from employer/employee contribution?* Yes ☐ No ☐ If yes, please specify loan/lien amount

Confirmed date of employment* Confirmed date of exit (if applicable)*

I am duly authorized to make this application on behalf of the organisation and declare that the information supplied on this application form is true and correct at the date of signing and my organization will notify the Trustee immediately if any of this information changes.

Name of Authorized Officer, Signature & Stamp

Full Name

Phone Number

Signature & Stamp* Date

4 Employee Declaration

- I certify that the information given on this application form is accurate and complete. Petra Trust may send communication about my account to contact information provided on this form.
- I authorise Petra Trust to act on the instructions above and indemnify Petra Trust of any further claim of liability (due to but limited to the loss of a closed cheque, or wrong information I may have entered).
- I elect to have my account on file updated with the details provided on this form

Signature* Date*