



... your retirement, our plan

## BENEFICIARY BENEFIT CLAIM FORM

### MEMBER DETAILS: (This portion should be completed by member)

Name of Contributor			
SSNIT Number (if any)		Gender	
Scheme Number		Res. Address	
Postal Address		Telephone No.	
Date of Birth		Age	
Occupation		Nature of business	

### BENEFICIARY DETAILS

Name of Beneficiary		Benefit Allocated	
Relationship		Contact Number	
Address			

### BANK DETAILS FOR TRANSFER OF BENEFIT

Account Name		Bank Name	
Account Number		Bank Branch	

### WITHDRAWAL DETAILS

Total Accrued Benefits		Benefits Requested	
Tax Deduction	%	Benefits due to be paid	

### MEMBER 'S DECLARATION

I, ..... do hereby declare and certify that information provided are accurate and complete.

Signature .....

Date .....

### FOR OFFICE USE ONLY

Prepared by		Signature		Date	
Verified by		Signature		Date	

### TRUSTEES' AUTHENTICATION

Name of Signatory		Signature		Date	
Name of Signatory		Signature		Date	