

You are signing onto your employer's Occupational Pensions Scheme

Please complete all the applicable sections of this form in **BLOCK LETTERS** and forward (OR a scanned copy of ) the filled form to **info@bestpensionstrust.com**. You can also submit the form to the one in charge in your institution to be picked up by our officers.

This application form **will only be considered complete when signed by the applicant.**

**Personal Details**

|                   |                  |                                  |                                   |                          |
|-------------------|------------------|----------------------------------|-----------------------------------|--------------------------|
| Title             | Last Name        | First Name                       | Other Names                       |                          |
| Prev Title        | Prev. Last Name  | Prev. First Name                 | Prev. Other Names                 |                          |
| Date of Birth     | Age              | Male<br><input type="checkbox"/> | Femal<br><input type="checkbox"/> | Photo   Passport Picture |
| Mailing Address   |                  | Marital Status                   |                                   |                          |
| Place of Birth    | Region of Birth  | Country of Birth                 |                                   |                          |
| Permanent Address |                  | Nationality                      |                                   |                          |
| Mobile Number     | Telephone Number | Email Address                    |                                   |                          |
| Type of ID        | ID Number        | SSNIT Number                     |                                   |                          |
| Father's Name     |                  | Father's Address                 |                                   |                          |
| Mother's Name     |                  | Mother's Address                 |                                   |                          |

**Employment Details**

|                      |   |                        |
|----------------------|---|------------------------|
| Current Employer     | Date of Employment                        |                        |
| Nature of Employment | Nature of Income                          |                        |
| Previous Employer    | Previous CEN (on any Prev. Tier 2 scheme) |                        |
| Monthly Salary       | Annual Salary                             | 5% Contribution Amount |

1.I agree to be bound by the terms and conditions of Best Trust Scheme Deed and governing rules as may be amended by the Trustee from time to time.

2.I declare that the information I have given in this enrollment form is complete and accurate at the date of signing and shall notify Best Pensions Trust of any changes to this information.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Appoint one person who can be contacted as your next of Kin, please note next of kin is not a beneficiary

### Next of Kin Details

Full Name

| Contact | Residential Address | Relationship |
|---------|---------------------|--------------|
|         |                     |              |

PLEASE APPOINT YOUR BENEFICIARIES AND INDICATE A PERCENTAGE FOR EACH OF THEM, THE TOTAL PROPORTION SHOULD NOT EXCEED OR BE LESS THAN 100%

### Beneficiary Details

| Title         | Last Name    | First Name | Other Name   |
|---------------|--------------|------------|--------------|
|               |              |            |              |
| Date of Birth | Relationship |            | % of Benefit |
|               |              |            |              |
| Title         | Last Name    | First Name | Other Name   |
|               |              |            |              |
| Date of Birth | Relationship |            | % of Benefit |
|               |              |            |              |
| Title         | Last Name    | First Name | Other Name   |
|               |              |            |              |
| Date of Birth | Relationship |            | % of Benefit |
|               |              |            |              |
| Title         | Last Name    | First Name | Other Name   |
|               |              |            |              |
| Date of Birth | Relationship |            | % of Benefit |
|               |              |            |              |
| Title         | Last Name    | First Name | Other Name   |
|               |              |            |              |
| Date of Birth | Relationship |            | % of Benefit |
|               |              |            |              |

Privacy Policy - All information provided to Best Pensions Trust on this form is private and protected, and can only be accessed by the authorized parties involved.