

Fund Name _____

RETIREMENT NOTIFICATION FORM

PERSONAL DETAILS

Full Name: _____

Employee Number: _____ Member Number: _____

Gender:

F	M
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Omang Number: _____ Date of Birth: ____/____/____

Date Joined Company: ____/____/____ Date Joined Fund: ____/____/____

Postal Address: _____

Physical Address: _____

Cell Number: _____ Email Address: _____

SALARY AND TAX DETAILS

Taxable Salary Paid in Current Tax Year: _____

Tax Paid in Current Tax Year: _____

Tax Identification Number(TIN): _____

EXIT DETAILS

Type of Retirement: Voluntary Early / Ill Health Normal Late

Date of Retirement: ____/____/____ Date of Last Contribution: ____/____/____

BENEFIT OPTIONS

I am not sure how I would like my benefit to be dealt with, I would like a Financial Planner to contact me.

I would like to take _____ of my benefits in cash. (a maximum of 50% of the benefit can be taken in cash) and purchase an annuity from a **licensed insurer** with the remaining balance.

I would like to use _____ of my benefits to clear my mortgage balance or medical bills(limited to the member's commutable portion with maximum of 50% of the benefit)

I would like to purchase an annuity from a registered insurer with my **full** retirement benefit

Member Signature: _____

MEMBER ACCOUNT DETAILS

Bank: _____ Branch: _____

Branch: _____ Account No: _____

Account Type: _____ Account Holder: _____

IMPORTANT

The following documentation must be attached. Please provide originally certified copies.

Omang / ID Marriage Certificate Spouses Omang / ID Proof of banking account

COMPANY DECLARATION

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name of Authorized Personnel: _____ Designation: _____

Contact Number: _____ Date: ____/____/____

Authorized Signature: _____

Company Stamp:

