# *TPFA Request Form:*

enterprise TRUSTEES
Your Advantage

## *Fill this form using your most current Personal Information*

| NOTES: | |
|---|---|
| (1) This Form is to be completed by any person who wishes to claim for payment of accrued benefits<br>(2) Please use BLOCK LETTERS for completion of this Form<br>(3) Please write "N/A" if not applicable<br>(4) Attach a photocopy of any valid National ID (Voters ID, Passport, Driver's license)<br>(5) Attach all relevant documents under section IV based on the grounds for claiming accrued benefit<br><br>The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority ("the Authority") in activities relating to the processing of the claim and may be disclosed to other parties for such purposes. | AFFIX RECENT PASSPORT (INDICATE NAME BEHIND PICTURE AND APPEND |

Date (DD/MM/YYYY)

1. Member Name

2. Member ID Number(s)

3. Scheme Name

4. Scheme Type Tier 2

5. Date of Birth

6. Telephone Number

7. Postal Address

8. Employer Details (Current)

9. SSNIT

10. Employer Details (Pervious/Past)

11. Beneficiaries

| ***First Name*** | ***Sur Name*** | ***DOB*** (DD/MM/YYYY) | %Split | Gender | Relation to contributor |
|---|---|---|---|---|---|
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| ****Note: Split must total 100%*** | | | | | |

## *Request Feedback:*

TPFA Funds Received

TPFA Funds Requested

TPFA Funds Yet to be received

***Additional Information:***

## Member Declaration

I. I completed this form in my own handwriting and.

*a.* I declare and certify that to the best of my knowledge and belief, the information given in this
*b.* Form and its attachment(s) are correct and complete.

II. I am duly informed and to my full understanding that I will be liable to prosecution for any FALSE information or declaration herein or hereafter made to the Scheme.

| *Signature (EMPLOYEE) ** | *Signed Date (DD/MM/YYYY)* |
|---|---|
| | |

III. This form was completed on my behalf by another person and;

*a.* I declare and certify that to the best of my knowledge and belief, the information given in this has been duly explained to my full understanding and satisfaction.

*b.* I am duly informed and to my full understanding that I will be liable to prosecution for any FALSE information or declaration herein or hereafter made to the Scheme.

Thumb Print (EMPLOYEE)

| Right Thumb Print | Left Thumb Print |
|---|---|
| | |
| Thumb Date (DD/MM/YYYY | |
| | |

### *Jurat*

### *If the Applicant cannot read and write English, the following Jurat should be signed*

I certify that this Application Form, before being signed by the Applicant was first audibly, clearly and distinctly read over and explained to him/her in my presence and hearing and the said Applicant appeared perfectly to have understood same before making his/her mark hereto.

DETAILS OF WITNESS

| | |
|---|---|
| Surname* | |
| First Name* | |
| Other Name(s)* | |
| (DD/MM/YYYY) | |
| Date of Birth* | |
| Type of ID* | ☐ Passport ☐ Voter ID ☐ DriverS License ☐ Ghanna card |
| ID NUMBER | |

Signature of Applicant _____ Date

| (DD/MM/YYYY) |
|---|
| |