

PENSIONS ALLIANCE TRUST LIMITED

CONTRIBUTOR BIO-DATA FORM



INSTRUCTIONS:

PLEASE FILL IN **BLOCK LETTERS** AND RETURN A HARD COPY TO PENSIONS ALLIANCE TRUST OFFICE, **55A KAKRAMADU LINK, EAST CANTONMENTS**, OR A SCANNED COPY TO CLIENTSERVICE@PENSIONSALLIANCE Trust.COM ALONG WITH A COPY OF YOUR GHANA CARD.

ALL SECTIONS WITH AN ASTERISK ARE MANDATORY INFORMATION AND THE FORM WILL BE CONSIDERED INCOMPLETE AND VOID IF ANY OF THESE SECTIONS ARE NOT COMPLETED.

CONTACT US ON +233 30 279 8652 / +233 50 155 3839 / +233 50 924 4641 FOR ANY ENQUIRIES.

1. SCHEME TYPE		
INDICATE SCHEME(S) YOU WISH TO JOIN		
<input type="checkbox"/> TIER 2 (PENSIONS ALLIANCE TRUST FUND)	<input type="checkbox"/> TIER 3 (PENSIONS ALLIANCE FUND)	<input type="checkbox"/> ENIDASO INFORMAL SECTOR SCHEME
<input type="checkbox"/> INDIVIDUAL TIER 2	<input type="checkbox"/> PERSONAL PENSIONS	
INDIVIDUAL TIER 2 CONTRIBUTORS ONLY*	PERSONAL PENSIONS CONTRIBUTORS ONLY*	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
<input type="text" value="INDICATE MONTHLY AMOUNT [GHC]:"/>	<input type="text" value="INDICATE AMOUNT [GHC]:"/>	<input type="checkbox"/> QUARTERLY <input type="checkbox"/> ONE-TIME
2. MEMBER'S DETAILS		
FIRST NAME *	MIDDLE NAME(S)	SURNAME *
PREVIOUS NAME [PLEASE ATTACH GAZETTE]		
EMPLOYER *		STAFF ID *
DATE OF BIRTH [DD/MM/YYYY] *	SSNIT NUMBER *	PERSONAL ID NUMBER [GHANA CARD ONLY] *
GENDER	MARITAL STATUS *	COUNTRY OF BIRTH*
PERMANENT RESIDENTIAL ADDRESS [GPS CODE AND LOCATION] *		PLACE OF BIRTH [CITY/TOWN AND REGION] *
HOMETOWN [CITY/TOWN AND REGION]		POST OFFICE ADDRESS
MOBILE NUMBER 1 *	MOBILE NUMBER 2	E-MAIL ADDRESS *
MOTHER'S MAIDEN NAME [SECURITY QUESTION 1] *		NAME OF FAVOURITE HIGH SCHOOL TEACHER [SECURITY QUESTION 2] *
PREVIOUS EMPLOYER		
PREVIOUS TRUSTEE [IF YOU WOULD LIKE TO INITIATE A TRANSFER, KINDLY CONTACT CLIENT SERVICE TO REQUEST FOR A TRANSFER FORM]		
3. NEXT-OF-KIN [EMERGENCY CONTACT FOR CONTRIBUTOR AND BENEFICIARIES]		
NAME *	RELATIONSHIP TO CONTRIBUTOR *	CONTACT NUMBER *
E-MAIL ADDRESS *	PERMANENT RESIDENTIAL ADDRESS *	PERSONAL ID NUMBER [GHANA CARD ONLY]

4. BENEFICIARY NOMINATION [PRINT THIS PAGE AS MANY TIMES AS NEEDED]

NAME *	DATE OF BIRTH [DD/MM/YYYY] *	CONTACT NUMBER *
RELATIONSHIP TO CONTRIBUTOR *	PERMANENT RESIDENTIAL ADDRESS *	PERCENTAGE ALLOCATION *
NAME *	DATE OF BIRTH [DD/MM/YYYY] *	CONTACT NUMBER *
RELATIONSHIP TO CONTRIBUTOR	PERMANENT RESIDENTIAL ADDRESS*	PERCENTAGE ALLOCATION*
NAME *	DATE OF BIRTH [DD/MM/YYYY] *	CONTACT NUMBER *
RELATIONSHIP TO CONTRIBUTOR *	PERMANENT RESIDENTIAL ADDRESS *	PERCENTAGE ALLOCATION *
NAME *	DATE OF BIRTH [DD/MM/YYYY] *	CONTACT NUMBER *
RELATIONSHIP TO CONTRIBUTOR *	PERMANENT RESIDENTIAL ADDRESS *	PERCENTAGE ALLOCATION *
NAME *	DATE OF BIRTH [DD/MM/YYYY] *	CONTACT NUMBER *
RELATIONSHIP TO CONTRIBUTOR *	PERMANENT RESIDENTIAL ADDRESS *	PERCENTAGE ALLOCATION *

5. DECLARATION

I HEREBY DECLARE THAT:

i.) I AGREE TO BE BOUND BY THE TERMS OF CONDITIONS OF THE PENSIONS ALLIANCE TRUST FUND AND/OR PENSIONS ALLIANCE FUND AND THE GOVERNING RULES AS MAY BE AMENDED BY THE TRUSTEE, **PENSIONS ALLIANCE TRUST**, AT ANYTIME WITHOUT PRIOR NOTICE.

ii.) THE INFORMATION I HAVE HEREIN PROVIDED IS TRUE AND ACCURATE AS AT THE DATE OF SIGNING AND **PENSIONS ALLIANCE TRUST** WILL NOT BE HELD LIABLE FOR THE USAGE OF THE INFORMATION FOR ITS INTENDED PURPOSE AND I SHALL NOTIFY **PENSIONS ALLIANCE TRUST** IF ANY OF THIS INFORMATION CHANGES.

SIGNATURE *	DATE [DD/MM/YYYY] *
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6. EMPLOYER ENDORSEMENT* [NOT APPLICABLE FOR INDIVIDUAL CONTRIBUTORS]

WE HEREBY DECLARE THAT THE INFORMATION INCLUDED BY THE CONTRIBUTOR AS AT THE DATE OF SUBMISSION IS TRUE AND ACCURATE AND THAT IF THE INFORMATION SHOULD CHANGE AT ANY TIME, WE WILL NOTIFY THE TRUSTEE, **PENSIONS ALLIANCE TRUST**, PROMPTLY.

NAME OF REPRESENTATIVE	EMPLOYER STAMP
DESIGNATION OF REPRESENTATIVE	
SIGNATURE AND DATE	

7. FOR PENSIONS ALLIANCE TRUST USE ONLY

DATE RECEIVED [DD/MM/YYYY]	RECEIVING OFFICER NAME AND SIGNATURE
DATE ENTERED [DD/MM/YYYY]	ENTRY OFFICER NAME AND SIGNATURE