

PENSIONS ALLIANCE TRUST LTD.

PENSIONS ALLIANCE FUND WITHDRAWAL FORM



Instructions:

Please fill in BLOCK LETTERS and forward a hard copy to PENSIONS ALLIANCE office or soft copy to clientservice@pensionsalliancetrust.com along with all necessary documents and a valid NATIONAL ID card.

SCHEME AND CONTRIBUTOR INFORMATION

| TITLE | FIRST NAME | MIDDLE NAME | SURNAME |
|-----------------------------|------------|-----------------|---------|
| Name of Applicant: | | | |
| Employer: | | Branch: | |
| Date of Birth [DD/MM/YYYY]: | | Phone Number 1: | |
| PAT Membership Number: | | Phone Number 2: | |
| SSNIT Number: | | Staff ID: | |
| ID Type: | | ID Number: | |
| Email: | | | |

TYPE OF WITHDRAWAL [PLEASE TICK APPLICABLE]

PARTIAL*

**IF PARTIAL, INDICATE NET AMOUNT: (GHC)*

FULL

BANK ACCOUNT DETAILS

| |
|-----------------|
| Name of Bank: |
| Account Name: |
| Account Number: |
| Branch: |

DECLARATION

I authorize the Trustee to transfer my Tier 3 (Personal Pension) Benefits to the Bank Account indicated on this form. I certify that the instruction and information provided herein are true and correct and that Pensions Alliance Trust Ltd. will not be held liable for any errors or omissions that result from the usage of the information for its intended purpose.

Applicant's Signature:

Date [DD/MM/YYYY]:

FOR OFFICE USE ONLY (PENSIONS ALLIANCE TRUST)

Verified by:

Date:

Signature:

Receipt Date and Stamp