

PENSIONS ALLIANCE TRUST LTD.

PENSIONS ALLIANCE TRUST 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 a copy of your RETIREMENT notice and a NATIONAL ID card.

SCHEME AND CONTRIBUTOR INFORMATION

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

TYPE OF RETIREMENT [PLEASE TICK APPLICABLE]

COMPULSORY VOLUNTARY

BANK ACCOUNT DETAILS

Name of Bank:	Branch:
Account Name:	
Account Number:	

DECLARATION

I authorize the Trustee to transfer my 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.

Applicant's Signature:	Employer Stamp and Date
Date [DD/MM/YYYY]:	
FOR OFFICE USE ONLY (PENSIONS ALLIANCE TRUST)	
Verified by:	
Date:	
Signature:	