

# PENSIONS ALLIANCE TRUST LTD.

## PENSIONS ALLIANCE FUND WITHDRAWAL FORM



### Instructions:

Please fill in **BLOCK LETTERS** and forward a hard copy to PENSIONS ALLIANCE TRUST office or soft copy to [clientservice@pensionsalliancetrust.com](mailto: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:			
Date of Birth [DD/MM/YYYY]:	Phone Number 1:		
PAT Membership Number:	Phone Number 2:		
SSNIT Number:	Staff ID:		
ID Type:	ID Number:		
Email:			

### REASONS FOR WITHDRAWAL [PLEASE TICK APPLICABLE]

<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> OTHER	PLEASE STATE REASON:
<input type="checkbox"/> EXIT FROM COMPANY		

### TYPE OF WITHDRAWAL [PLEASE TICK APPLICABLE]

<input type="checkbox"/> PARTIAL*	INDICATE NET AMOUNT: (GHC)
<input type="checkbox"/> FULL*	*A 15% TAX WILL BE DEDUCTED FOR MEMBERS WHO HAVE BEEN IN THE SCHEME FOR LESS THAN 10 YEARS AND ARE NOT ON RETIREMENT

### 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 for its intended purpose.	
Applicant's Signature:	Employer Stamp and Date
Date [DD/MM/YYYY]:	
<b>FOR OFFICE USE ONLY (PENSIONS ALLIANCE TRUST)</b>	
Verified by:	
Date:	
Signature:	