

# PENSIONS ALLIANCE TRUST LIMITED

## TRANSFER OUT 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](mailto:CLIENTSERVICE@PENSIONSALLIANCE.TRUST.COM) ALONG WITH A COPY OF YOUR NATIONAL ID CARD.

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 ARE TRANSFERRING OUT OF		
<input type="checkbox"/> TIER 2 (PENSIONS ALLIANCE TRUST FUND)	<input type="checkbox"/> TIER 3 (PENSIONS ALLIANCE FUND)	<input type="checkbox"/> ENIDASO (INFORMAL SECTOR)
2. MEMBER'S DETAILS		
FIRST NAME	MIDDLE NAME(S)	SURNAME
DATE OF BIRTH [DD/MM/YYYY]	SSNIT NUMBER	PAT MEMBER ID
CONTACT NUMBER	LANDLINE	E-MAIL ADDRESS
FORMER EMPLOYER		
3. CURRENT SCHEME DETAILS		
CURRENT EMPLOYER		
CURRENT TRUSTEE		
TRUSTEE CONTACT PERSON	TRUSTEE CONTACT NUMBER	TRUSTEE CONTACT E-MAIL
4. DECLARATION		
<b>I HEREBY DECLARE THAT:</b>		
i.) I AGREE FOR THE TRUSTEE, <b>PENSIONS ALLIANCE TRUST</b> , TO TRANSFER MY PENSIONS BENEFITS HELD WITH THEM TO THE TRUSTEE INDICATED ON THIS FORM PER THE TERMS AND CONDITIONS OF THE SCHEME AND PROVISIONS OF ACT 766.		
ii.) THE INFORMATION I HAVE HEREIN PROVIDED IS TRUE AND ACCURATE AND <b>PENSIONS ALLIANCE TRUST</b> WILL NOT BE HELD LIABLE FOR THE USAGE OF THE INFORMATION FOR ITS INTENDED PURPOSE.		
SIGNATURE	DATE [DD/MM/YYYY]	
5. FORMER EMPLOYER ENDORSEMENT		
NAME OF EMPLOYER'S REPRESENTATIVE	EMPLOYER'S OFFICIAL STAMP	
REPRESENTATIVE'S POSITION AND SIGNATURE		
6. FOR PENSIONS ALLIANCE USE ONLY		
DATE PROCESSED [DD/MM/YYYY]	PROCESSING OFFICER NAME AND SIGNATURE	