

# WITHDRAWAL FORM-MASTER TRUST SCHEME

**PERSONAL RECORD**

CONTRIBUTOR'S NAME:	SSNIT NO.:	TEL. NO.:	DATE OF BIRTH:	MALE <input type="checkbox"/>
			AGE:	FEMALE <input type="checkbox"/>
Residential Address:	Street Name:	Email:		

**DETAILS OF EMPLOYER**

NAME OF EMPLOYER:	NATURE OF BUSINESS:	LOCATION OF BUSINESS:	STAFF ID
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**SCHEME DETAILS**

SCHEME ID:	Reason of withdrawal	<input type="checkbox"/> Dismissal <input type="checkbox"/> Emigrating from Ghana <input type="checkbox"/> Disability Pensions <input type="checkbox"/> Retirement (Statutory) <input type="checkbox"/> Others (Please Specify) .....	TRUSTEE CONTACT PERSON:	TEL. NUMBER OF CONTACT PERSON:
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**DETAILS OF WITHDRAWAL AMOUNT**
**ACCOUNT DETAILS OF CONTRIBUTOR**

<b>SCHEME TYPE</b> TIER 2 <input type="checkbox"/> TIER 3 <input type="checkbox"/>	TOTAL ACCRUED BENEFIT:	DESIGNATED BANK	
	ACCRUED BENEFIT TO BE PAID OUT:	ACCOUNT NAME	
	ACTUAL DEDUCTIBLE TAX:	ACCOUNT NUMBER	
I AUTHORIZE YOU TO DEDUCT ANY AMOUNT DUE MY EMPLOYER <input type="checkbox"/>	ACCRUED BENEFIT BEFORE TAX:	HOLDING BRANCH	
DEDUCTIBLE AMOUNT AUTHORIZED:	ACCRUED BENEFIT AFTER TAX:	CONTACT PERSON/NUMBER	

CONTRIBUTOR'S SIGNATURE:	RELATIONSHIP OFFICER SIGNATURE:	APPROVAL (OPERATIONS):	APPROVAL (FINANCE DEPT.):
DATE: .....	DATE: .....	DATE: .....	DATE: .....

**OFFICIAL DECLARATION:**

I ....., having completed this form and its subsequent approval has consented and permitted the **Trustee** of the scheme to settle all my accrued benefit on this day .

**Signature:** ..... **Tel. No.:** ..... **Date:** .....