



NATIONAL PENSIONS ACT, 2008 (ACT 766)



CONTRIBUTOR ENROLLMENT NUMBER

Form: - NPRA/MTOPS/CEF/2012

NAME OF SPONSORING EMPLOYER:

NAME OF SCHEME:SECURE PENSIONS OCCUPATIONAL MASTER TRUST SCHEME.....

TYPE OF SCHEME:TIER 2 MASTER TRUST.....

CONTRIBUTOR ENROLLMENT FORM

CONTRIBUTOR'S NAME	<i>SURNAME</i>		<i>FIRST NAME</i>		
	<i>OTHER NAMES</i>				
PREVIOUS NAME / MAIDEN NAME	<i>SURNAME</i>		<i>FIRST NAME</i>		<i>OTHER NAMES</i>
DATE OF BIRTH (DD/MM/YYYY)		<i>AGE</i>	<i>SEX (M/F)</i>	<i>MARITAL STATUS</i>	<i>NATIONALITY</i>
PLACE OF BIRTH	<i>Town</i>	<i>District</i>	<i>Region</i>	COUNTRY OF BIRTH	
PERMANENT ADDRESS			MAILING ADDRESS		
RESIDENTIAL ADDRESS			<i>Town</i>	<i>District</i>	<i>Region</i>
CURRENT CONTACT DETAILS	<i>MOBILE PHONE NUMBER</i>		<i>FIXED LINE</i>	<i>E-MAIL ADDRESS</i>	
IDENTIFICATION DETAILS	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID		<i>ID NUMBER</i>		<i>SOCIAL SECURITY NUMBER</i>
NAME OF FATHER			NAME OF MOTHER		
FATHER'S ADDRESS			MOTHER'S ADDRESS		
FATHER'S DATE OF BIRTH			MOTHER'S DATE OF BIRTH		
NEXT OF KIN'S NAME			NEXT OF KIN'S TEL. NUMBER		
NEXT OF KIN'S ADDRESS			NEXT OF KIN'S EMAIL ADDRESS		
YOUR EMPLOYER'S NAME			EMPLOYER'S ADDRESS		
EMPLOYER'S TEL. NUMBER		MONTHLY BASIC SALARY (GH¢)		5% CONTRIBUTION (GH¢)	
NATURE OF EMPLOYMENT			NATURE OF INCOME		
PREVIOUS EMPLOYER (IF ANY)			PREVIOUS CONTRIBUTOR ENROLLMENT NUMBER		

NOTE: All information should be written legibly and boldly in BLOCK LETTERS.

BENEFICIARY NOMINATION

I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:

NAME OF BENEFICIARY	DATE OF BIRTH OF BENEFICIARY (DD/MM/YYYY)	RELATIONS OF BENEFICIARY TO CONTRIBUTOR	PERMANENT ADDRESS OF BENEFICIARY	BENEFICIARY EMAIL ADDRESS	ALLOCATION TO BENEFICIARY (To Total 100%)	BENEFICIARY CONTACT NUMBER

DECLARATION:

I declare and certify that: -

- 1) *I am not a member of any other similar scheme;*
- 2) *I am not in possession of another Contributor Enrollment Number;*
- 3) *the facts herein stated are accurate and true;*
- 4) *I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration herein or hereafter made to the Scheme*

NOTE: All information should be written legibly and boldly in BLOCK LETTERS.

FINGER PRINT IDENTIFICATION

LEFT THUMB PRINT	RIGHT THUMB PRINT
OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS	OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS
INDICATE WHICH FINGER	INDICATE WHICH FINGER

DATED:

SIGNATURE OR MARK OF CONTRIBUTOR: (MARK)

DECLARATION BY ENROLLMENT OFFICER

I certify that this Contributor Enrollment Form was completed in my presence and under my supervision and that information herein contained is certified to be accurate and true.

.....

NAME OF ENROLLMENT OFFICER

.....

SIGNATURE

.....

OFFICIAL STAMP OF SPONSORING EMPLOYER

NOTE: All information should be written legibly and boldly in **BLOCK LETTERS**.

INVESTMENT DIRECTION

THE SECURE PENSIONS OCCUPATIONAL MASTER TRUST SCHEME provides 3 distinct funds along different risk spectrums enabling you to choose a product which best suits your investment personality and retirement horizon.

THE INCOME FUND

Capital preservation and income is the focus of this fund. Contributors who in the near term are about to retire are more risk averse and have a preference for maintaining the purchasing power parity of their investment.

BROAD ASSET ALLOCATION:

FIXED INCOME	90%
NON-FIXED INCOME	10%

THE BALANCE FUND

This fund is designed for individuals with a medium term investment and retirement horizon and semi-conservative risk appetite.

BROAD ASSET ALLOCATION:

FIXED INCOME	85%
NON-FIXED INCOME	15%

THE GROWTH FUND

This fund is designed for contributors with long term retirement horizons and high risk appetite.

BROAD ASSET ALLOCATION:

FIXED INCOME	85%
NON-FIXED INCOME	15%

AUTHORISATION

SIGNATURE OF ELIGIBLE EMPLOYEE

AUTHORISATION DATE (DD/MM/YYYY)

NOTE

You are entitled transfer between funds in the scheme following twenty-four (24) months after the first selected Fund, in accordance with the Scheme Rules. A three (3) month notification must be submitted to Secure Pensions Trust Limited.

Neither the Trustee, nor the employer of the contributor shall incur any liability to any Participant, Beneficiary, or other party with respect to the investment of, or return on, any funds to which a Participant or any Beneficiary may at any time become entitled.

NOTE: All information should be written legibly and boldly in BLOCK LETTERS.

CONTRIBUTOR PORTING FORM



Instructions: Please complete this form to transfer your accrued benefits with your previous trustee to Secure Pensions Trust. Kindly attach a copy of your valid National ID and submit to sptlporting@securepensionstrust.com. Your transfer request will be processed upon receipt of all the required information.

CONTRIBUTOR DETAILS

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
<input type="text"/>	<input type="text"/>		
CONTRIBUTOR ID	SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
GENDER (M/F)	ID TYPE & NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
POSTAL ADDRESS		CONTACT NUMBER(S)	
<input type="text"/>		<input type="text"/>	
NAME OF CURRENT EMPLOYER		SCHEME NAME	
<input type="text"/>		<input type="text"/>	

PREVIOUS EMPLOYER DETAILS

NAME OF PREVIOUS EMPLOYER	EMPLOYER'S ADDRESS
<input type="text"/>	<input type="text"/>
CONTACT NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>

PREVIOUS TRUSTEE DETAILS

NAME OF PREVIOUS TRUSTEE	CONTACT NUMBER
<input type="text"/>	<input type="text"/>
CONTACT PERSON	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>

PREVIOUS SCHEME MEMBERSHIP DETAILS

SCHEME NAME	CONTRIBUTOR ID No.
<input type="text"/>	<input type="text"/>

DECLARATION

I, hereby declare that all the information I have provided on this form is correct and is deemed conclusive. I elect to transfer all my accrued benefits under my previous trustee to my current trustee.

ELIGIBLE EMPLOYEE SIGNATURE	DATE (DD/MMM/YYYY)
<input type="text"/>	<input type="text"/>

NOTE: All information should be written legibly and boldly in BLOCK LETTERS.