



**NATIONAL PENSIONS ACT, 2008 (ACT 766)**

CONTRIBUTOR ENROLLMENT NUMBER

Form: SPTL/MTPPS/CEF/2020

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**NAME OF SCHEME:** SECURE PERSONAL PENSION SCHEME

**TYPE OF SCHEME :** TIER 3 MASTER TRUST

**CONTRIBUTOR ENROLLMENT FORM**

<b>Contributor's Name</b>	<i>Surname</i>		<i>First Name</i>		
	<i>Other Names</i>				
<b>Previous Name / Maiden Name</b>	<i>Surname</i>		<i>First Name</i>		<i>Other Names</i>
<b>Date Of Birth (DD/MM/YYYY)</b>		<i>Age</i>	<i>Sex (M/F)</i>	<i>Marital Status</i>	
<b>Place Of Birth</b>	<i>Town</i>	<i>District</i>	<i>Region</i>		<b>Country Of Birth</b>
<b>Permanent Address</b>			<b>Mailing Address</b>		
<b>Residential Address</b>			<i>Town</i>	<i>District</i>	<i>Region</i>
<b>Current Contact Details</b>	<i>Mobile Phone Number</i>		<i>Fixed Line</i>		<i>Email Address</i>
<b>Identification Details</b>	<input type="checkbox"/> <i>Passport</i>	<input type="checkbox"/> <i>Driver's License</i>	<i>ID Number</i>		<i>Social Security Number</i>
	<input type="checkbox"/> <i>Voter's ID</i>	<input type="checkbox"/> <i>National ID</i>			
<b>Occupation</b>			<b>Nature Of Income</b>		
<b>Contribution Options</b>	<input type="checkbox"/> <i>Pre Tax</i>		<input type="checkbox"/> <i>Post Tax</i>		
<b>Mother's Maiden Name</b>			<b>Mother's Date Of Birth</b>		
<b>Next Of Kin's Name</b>			<b>Next Of Kin's Contact Number</b>		
<b>Next Of Kin's Address</b>			<b>Next Of Kin's Email Address</b>		

**NB:** Please fill the form legibly and in **block letters**, tick where applicable. Non-completion of the form in entirety may result in request processing delays.

## 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 in possession of another Contributor's Enrollment Number;*
- 2) *the facts herein stated are accurate and true;*
- 3) *I am duly informed that I will be liable to prosecution for any false declaration herein or hereafter made to the Scheme*

**DATED:** .....

**SIGNATURE OF CONTRIBUTOR:** .....

**DECLARATION BY ENROLLMENT OFFICER**

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

.....  
**NAME OF ENROLLMENT OFFICER**

.....  
**SIGNATURE**

.....  
**OFFICIAL STAMP OF CORPORATE TRUSTEE**