



SECURE PENSIONS OCCUPATIONAL MASTER TRUST SCHEME

CONTRIBUTOR BENEFIT CLAIM FORM NATIONAL PENSIONS ACT, 2008 (ACT 766)

KINDLY COMPLETE THIS FORM IN BLOCK LETTERS

FORM NUMBER: SPOMTS 3-6

Application For Accrued Benefit		
SURNAME	FIRST NAME	OTHER NAMES
SPTL MEMBER NUMBER:		SSNIT NUMBER:
DATE OF BIRTH: DD / MM / YYYY		DATE OF RETIREMENT: DD / MM / YYYY
POSTAL ADDRESS:		CONTACT NUMBER:
EMAIL ADDRESS:		NAME OF LAST EMPLOYER:
ID TYPE:		ID No:
Type Of Benefit Applied For (Kindly tick appropriate type)		
<input type="checkbox"/> Statutory Retirement (60yrs) <input type="checkbox"/> Permanent Emigration		
<input type="checkbox"/> Early Retirement (50yrs)		
<input type="checkbox"/> Incapacity Benefit		
Payment Details		
ACCOUNT NAME:	ACCOUNT NUMBER	
BANK:	BRANCH	
Declaration By Claimant: I certify that the facts stated above are to the best of my knowledge true and accurate		
CLAIMANTS SIGNATURE:		DATE OF REQUEST: DD / MM / YYYY
For Official Use Only		
CONFIRMATION FROM EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, REASON:
ACCOUNT MANAGER:		SIGNATURE:
ACCRUED BENEFIT PAYABLE (GH¢):		DATE OF APPROVAL: DD / MM / YYYY
NAME OF AUTHORISED OFFICER:		SIGNATURE:
NAME OF AUTHORISED OFFICER:		SIGNATURE: