



## SECURE PENSIONS OCCUPATIONAL MASTER TRUST SCHEME

### BENEFICIARY CLAIM FORM

NATIONAL PENSIONS ACT, 2008 (ACT 766)

KINDLY COMPLETE THIS FORM IN BLOCK LETTERS

FORM NUMBER: SPOMTS 3-5

Claimant's Details		
SURNAME	FIRST NAME	OTHER NAMES
POSTAL ADDRESS:		CONTACT NUMBER:
EMAIL ADDRESS:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP TO MEMBER:		DATE OF BIRTH: DD / MM / YYYY
ID TYPE:	ID No:	
If Claim Is On Behalf Of Minor Who Is A Beneficiary, Please Provide Minor's Details Below		
SURNAME	FIRST NAME	OTHER NAMES
DATE OF BIRTH: DD / MM / YYYY		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP TO MEMBER	RELATIONSHIP TO CLAIMANT	BIRTH CERT. No. (Attach copy)
Scheme Member's Details		
SURNAME	FIRST NAME	OTHER NAMES
SPTL MEMBER NUMBER:		NAME OF LAST EMPLOYER:
DATE OF BIRTH: DD / MM / YYYY	SSNIT NUMBER:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Additional Documents Required:		
<input type="checkbox"/> DEATH CERTIFICATE	<input type="checkbox"/> ID CARD OF DECEASED	<input type="checkbox"/> LETTERS OF ADMINISTRATION
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		
CLAIMANT'S 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		
AMOUNT (GH¢):	PROPORTION:	DATE OF APPROVAL: DD / MM / YYYY
NAME OF AUTHORISED OFFICER:		SIGNATURE:
NAME OF AUTHORISED OFFICER:		SIGNATURE: