



## SECURE PERSONAL PENSION SCHEME

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

KINDLY COMPLETE THIS FORM IN BLOCK LETTERS

FORM NUMBER SPPFMTS 3-4

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	<input type="checkbox"/> POST TAX <input type="checkbox"/> PRE TAX
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"/> Withdrawal of accrued benefit before 10-year period	
<input type="checkbox"/> Incapacity Benefit		
Withdrawal <input type="checkbox"/> Partial <input type="checkbox"/> Full	Requested Amount (GH¢)	
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	
Declaration By Employer: I hereby confirm that the employee may receive his/her contribution as requested		
EMPLOYER'S SIGNATURE & STAMP:	DATE OF CONFIRMATION: DD / MM / YYYY	
For Official Use Only		
CONFIRMATION FROM EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, REASON:	
ACCOUNT MANAGER:	SIGNATURE:	
TAX PAYABLE (GH¢):	INDEBTEDNESS (GH¢):	
ACCRUED BENEFIT PAYABLE (GH¢):	DATE OF APPROVAL: DD / MM / YYYY	
NAME OF AUTHORISED OFFICER:	SIGNATURE:	
NAME OF AUTHORISED OFFICER:	SIGNATURE:	