WITHDRAWAL FORM
(MASTER TRUST)

MEMBER DETAILS: (To be completed by member)

MEMBER NAME :	MEMBER #:	SSNIT #:
EMPLOYER:	STAFF #:	MEMBER'S CELL #:

BANKING DETAILS:

BANK:	ACCOUNT NAME:
BRANCH: / SWIFT CODE:	ACCOUNT #:

WITHDRAWAL DETAILS: (To be completed by employer)

SCHEME :	☐ CEDAR PENSION SCHEME (TIER 2)	☐ CEDAR PROVIDENT FUND (TIER 3)
REASON FOR WITHDRAWING	☐ VOLUNTARY / IN-SERVICE ☐ RESIGNATION ☐ SEVERANCE ☐ RETIREMENT ☐ EMIGRATION FROM GHANA ☐ DISMISSAL ☐ DEATH BENEFIT ☐ LIQUIDATION	
ACCOUNT:	☐ EMPLOYER ACCOUNTS ☐ MEMBER ACCOUNTS ☐ TIER 2 ACCOUNT	
AMOUNT :	GH¢ GH¢ GH¢	
PAY BENEFIT TO:	☐ EMPLOYER'S BANK ACCOUNT ☐ MEMBER'S BANK ACCOUNT	

DECLARATION
I certify that to the best of my knowledge and belief, the statements made in this form are correct and complete. I authorize the Trustee of the scheme to act on this instruction and pay my benefits to the bank account details given above.

	MEMBER'S LAST CONTRIBUTION MONTH: …………………………/20…..
…………………………………… MEMBER SIGNATURE	………………………………….. ………………………………….. APPROVED SIGNATORY 1 APPROVED SIGNATORY 2
DD / MM / YYYY ………………………………… DATE	………………………………. …………………………………. DATE DATE

OFFICE USE ONLY:

………………………………………………………………………………..   …………………………………   ……………………………………
VERIFIED BY   **SIGNATURE**   **DATE**