

AXIS PENSION PLAN MEMBERSHIP APPLICATION FORM

Member#

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PERSONAL DETAILS

SURNAME:

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FIRST NAME:

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OTHER NAMES:

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NATIONALITY

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DOB

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E-MAIL ADDRESS:

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CELL#:

MARITAL STATUS

M		S		D		W	
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GENDER

M		F	
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POSTAL ADDRESS:

HOMETOWN:

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REGION:

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DIST:

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NEXT OF KIN:

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ADDRESS:

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CONTACT:

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EMPLOYMENT DETAILS

EMPLOYMENT SECTOR:

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FORMAL

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INFORMAL

EMPLOYER :

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PROFESSION:

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SSNIT #:

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STAFF #:

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REGION :

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DIST:

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PENSION ACCOUNT INFORMATION

Are you a member of any scheme administered by Axis?

YES

NO

A/C#

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If yes, provide scheme name:

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Indicate the proportion in which your contributions should be invested

Retirement A/C%

Savings(AVC) A/C%

DECLARATION: The Axis Pension Plan is a long-term investment designed to help workers to invest toward retirement. I agree that my contributions should be managed by the lifecycle option where Axis Pension Trust should invest according to my age-risk profile. I declare that I have read and understood the brochure and the rules governing the scheme. I further understand that early withdrawal from the **Savings Account** shall attract a penalty charge of 5% of any amount withdrawn before 3 years and 3% of any amount withdrawn after 3 years but before 5 years. I also understand that early withdrawal from the **Retirement Account** shall attract a penalty charge of 10% of any amount withdrawn before 5 years and 5% of any amount withdrawn after 5 years but before 10 years. Withdrawals from the savings account after 5yrs and retirement account after 10yrs attract no penalties. I declare that I accept to be bound by the present rules and future rules as may be amended from time to time.

OFFICE USE ONLY

INTRODUCER:

DATE:

ACCOUNT HOLDER'S SIGNATURE

DATE

1. Proceeds from withdrawal penalties are ploughed back into the scheme as additional income to benefit remaining members.
2. Please also complete and attach a **beneficiary form**

BENEFICIARY FORM

SECTION A

1

2

3

NAME			
DATE OF BIRTH	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
PERCENTAGE%			

4

5

6

NAME			
DATE OF BIRTH	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
PERCENTAGE%			

SECTION B

I wish to authorize the Trustee(s) to pay my lump sum death benefit to the beneficiaries listed above.Pursuant to the provisions of the Intestate Succession Act, 1985 (P. N. D. C. L. 111) and any other applicable laws, I understand that this instruction is an expression of my wish and not a binding instruction on the Trustee.I may change my wish at any time by notifying the Trustee.

Member Name _____

Member#

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Member Signature _____

Date DD / MM / YYYY