	TRANSFER-IN FORM (STANDALONE)						
MEMBER NAME :	:			:	SSNIT #:		
EMPLOYER:		STA	STAFF #:		TEL:		
DETAILS OF YOUR FORMER SCHEM	E :						
SCHEME NAME:			TYPE OF SCHEME			*FIRST SCHEME DATE	
						DD / MM / YYYY	
TRUSTEE / ADMINISTRATOR :			AMOUNT : GH¢			MEMBER #	
DD / MM / YYYY TRUSTEE / ADMINISTRATOR'S STAMP APPROVED BY DATE							
SELECT YOUR NEW SCHEME:							
DESTINATION SCHEME:							
ACCOUNT NAME:							
ACCOUNT #:							
BANK / BRANCH:							
DECLARATION I, the undersigned, authorise to transfer my Pension Fund Account as I have indicated on this form to Axis Pension Trust Ltd. I certify that the instructions and information provided herein are true and correct.							
MEMBER SIGNATURE			APPROVED SIGNATORY				
DD / MM / YYYY DATE i			APPROVED SIGNATORY				

¹. Attach the most recent statement from your former scheme to this form.

^{2.} Open an Account in the new scheme before completing this transfer-in form.

^{3.} First Scheme Date is the date of making your first contribution to the type of scheme (Tier 2 / Tier 3) you selected above.