WITHDRAWAL FORM
(STANDALONE SCHEMES)

AXIS PENSION TRUST

MEMBER DETAILS: (To be completed by member)

MEMBER NAME :	MEMBER #:	SSNIT #:
EMPLOYER:	STAFF NO:	MEMBER'S CELL #:

BANKING DETAILS:

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

WITHDRAWAL DETAILS: (To be completed by employer)

SCHEME NAME :	
REASON FOR WITHDRAWING	☐ VOLUNTARY / IN-SERVICE ☐ RESIGNATION ☐ SEVERANCE ☐ RETIREMENT ☐ EMIGRATION FROM GHANA ☐ DISMISSAL ☐ DEATH BENEFIT

ACCOUNT:	☐ EMPLOYER ACCOUNTS	☐ MEMBER ACCOUNTS	☐ TIER 2 ACCOUNT
AMOUNT :	GH¢	GH¢	GH¢
PAY BENEFIT TO:	☐ MEMBER'S BANK ACCOUNT	☐ EMPLOYER'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 SIGNATURE DD / MM / YYYY ……………………………… DATE	LAST CONTRIBUTION MONTH: …………………………/2016 …………………………………… .. …………………………………… APPROVED SIGNATORY 1 APPROVED SIGNATORY 2

OFFICE USE ONLY:

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