



WITHDRAWAL FORM (PERSONAL PENSION)

MEMBER NAME:		MEMBER #:	SSNIT #:
E-MAIL ADDRESS:		TEL #:	
ID TYPE:		ID:	

SCHEME AXIS PENSION PLAN

WITHDRAWAL DETAILS:

REASON FOR WITHDRAWING	<input type="checkbox"/> TO MEET URGENT NEED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> EMIGRATION FROM GHANA
	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> TRANSFER TO ANOTHER SCHEME	

ACCOUNT:	<input type="checkbox"/> MEMBER (RETIREMENT) ACCOUNT	<input type="checkbox"/> AVC (SAVINGS) ACCOUNT
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AMOUNT:	<input type="checkbox"/> Partial Withdrawal	<input type="checkbox"/> Full Withdrawal	<input type="checkbox"/> Partial Withdrawal	<input type="checkbox"/> Full Withdrawal
	GHc		GHc	

CONTINUE WITH MY DEBIT ORDER:	IF NO, INDICATE DEDUCTION SOURCE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Controller <input type="checkbox"/> Bank (State Bank name)..... <i>Please Indicate</i>

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

DECLARATION
 I certify that to the best of my knowledge and belief, the statements made in this form are correct and complete. I agree that I should be charged the appropriate penalty if my account falls short of the prescribed holding period. Accordingly, I authorize Axis Pension Trust to charge 5% of the amount I withdraw from the Savings sub-Account, if my account is less than 3 years old or 3% if my account is more than 3 but less than 5 years old. For the Retirement sub-Account, I authorize Axis Pension Trust to charge 10% of the amount withdrawn if my account is less than 5 years old or 5% of the withdrawn amount if my account is more than 5 years old but less than 10 years. I authorize Axis Pension Trust to act on this instruction and pay my benefits to the bank account details given above.

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MEMBER SIGNATURE: DATE:

OFFICE USE ONLY:

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VERIFIED BY: SIGNATURE: DATE:

*KINDLY ATTACH A COPY OF A VALID ID CARD