

# PENSIONS ALLIANCE TRUST LIMITED

## TIER 3 ENROLMENT FORM (PENSIONS ALLIANCE FUND)



### Instructions:

Please fill in **BLOCK LETTERS** and return a hard copy to PENSIONS ALLIANCE TRUST office or a scanned copy to [clientservice@pensionsalliancetrust.com](mailto:clientservice@pensionsalliancetrust.com) along with a copy of any valid National ID card.

<b>CONTRIBUTOR'S NAME</b>	SURNAME		OTHER NAMES	
	SURNAME <small>(PLEASE ATTACH GAZETTE)</small>		OTHER NAMES	
<b>PERSONAL DETAILS</b>	DATE OF BIRTH (DD/MM/YYYY)		AGE	GENDER (Tick Box) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	COUNTRY OF BIRTH		NATIONALITY	MARITAL STATUS
	RESIDENTIAL ADDRESS		MAILING ADDRESS	
<b>IDENTIFICATION DETAILS</b>	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> DRIVER'S LICENCE	ID NUMBER	SSNIT NUMBER
	<input type="checkbox"/> VOTER'S ID	<input type="checkbox"/> NATIONAL ID	TIN NUMBER	
<b>CONTACT DETAILS</b>	E-MAIL ADDRESS		MOBILE NUMBER	LANDLINE
<b>OTHER DETAILS</b>	PLACE OF BIRTH		MOTHER'S NAME	FATHER'S NAME
	DISTRICT / REGION		MOTHER'S ADDRESS	FATHER'S ADDRESS
<b>EMPLOYMENT DETAILS</b>	OCCUPATION		COMPANY NAME	DEPARTMENT
	PREVIOUS EMPLOYER		PREVIOUS TRUSTEE	TRANSFER FUNDS FROM PREVIOUS TRUSTEE (Tick Box) <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CONTRIBUTION DETAILS</b>	ANNUAL BASIC SALARY (GHC)		MONTHLY BASIC SALARY (GHC)	
	MEMBER'S TIER 3 CONTRIBUTION (%) <small>NB: MEMBER AND EMPLOYER CONTRIBUTIONS MUST SUM UP TO 16.5%</small>		EMPLOYER'S TIER 3 CONTRIBUTION (%) <small>NB: MEMBER AND EMPLOYER CONTRIBUTIONS MUST SUM UP TO 16.5%</small>	

## BENEFICIARY NOMINATION

I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:

NAME OF BENEFICIARY	DATE OF BIRTH	RELATION	PERCENTAGE ALLOCATION (100%)	CONTACT NUMBER

### DECLARATION:

I declare and certify that:-

- 1) The facts herein stated are accurate and true;
- 2) Pensions Alliance Trust Limited will not be held liable for the usage of the information provided on this form for its intended purpose.

DATE: ..... SIGNATURE / THUMBPRINT: .....

<b>FOR EMPLOYER</b>	NAME OF ENROLMENT OFFICER	STAMP AND DATE
	SIGNATURE	
<b>FOR PENSIONS ALLIANCE TRUST</b>	DATE RECEIVED	DATE ENTERED
	RECEIVING OFFICER NAME AND SIGNATURE	ENTRY OFFICER NAME AND SIGNATURE