

# PENSIONS ALLIANCE TRUST LTD.

## TRANSFER OUT FORM



### Instructions:

Please fill in **BLOCK LETTERS** and return a hard copy to PENSIONS ALLIANCE TRUST or your new Trustee along with a copy of any valid NATIONAL ID card.

### SCHEME AND CONTRIBUTOR INFORMATION

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
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Name of Applicant:

Former Employer:

Date of Birth [DD/MM/YYYY]:

Phone Number 1:

PAT Membership Number:

Phone Number 2:

SSNIT Number:

ID Type:

ID Number:

E-mail:

### SCHEME TYPE [INDICATE SCHEME YOU ARE TRANSFERRING OUT OF]

Pensions Alliance Trust Fund [Tier 2]

Pensions Alliance Fund [Tier 3]

Enidaso Scheme

### CURRENT SCHEME DETAILS

Employer:

Name of Contact Person:

Mobile Number:

Trustee:

Name of Contact Person:

Mobile Number:

### DECLARATION

I authorize the Trustee, PENSIONS ALLIANCE TRUST LIMITED (PAT) to transfer all my accrued pension benefits to my new Trustee. I certify that the instruction and information provided herein are true and correct and that PAT will not be held liable for any errors or omissions that result from the usage of the information.

Applicant's Signature:

Date [DD/MM/YYYY]:

OFFICE USE [FORMER EMPLOYER]:

Verified by:

Signature:

Former Employer Stamp and Date