Guidelines for Completing Redemption Form

Please read the guidelines carefully before completing this form. This will prevent delays in processing your redemption due to providing inaccurate information or submitting an incomplete form.

Biographical Data

The name and SSNIT number you indicate on the form must be the same as what we have in our records. If you have changed your name or any other biodata, kindly provide us with a document supporting the change (e.g., gazette publication, an affidavit).

Redemption Details

The name on the National ID that you submit must correspond with the name we have in our records. Please ensure that the expiration date on the National ID has not elapsed. We accept any of the following National IDs indicated in the categories below.

<u>Category 1</u>
❑ Passport
❑ Driver License
❑ National Identity Card

<u>Category 2 (Include SSNIT ID card)</u>
❑ Voter ID and SSNIT ID card
❑ NHIS Card and SSNIT ID Card

Redemption Requirements

Statutory Retirement
❑ Any valid National ID for verification
❑ Retirement letter from your employer
❑ Birth Certificate will be required from individuals who do not have a retirement letter from their employer
❑ Unemployment Certificate

Voluntary/Early Retirement
❑ National ID card for verification of your identity
❑ Statutory declaration (affidavit) stating that you are no longer actively employed
❑ Retirement letter from your employer (if applicable)
■ Birth Certificate will be required from individuals who do not have a retirement letter from their employer
❑ Unemployment Certificate

Employer Declaration

Kindly attach an official letter (from the employer) with a pledge letter if the lien/loan balance is to be paid to the employer.

Payment

A closed cheque will be issued in your name. Kindly note that the cheque must be deposited into your bank account. Typically, it takes 3 days for a cheque to clear.

Redemption Form

The completed form should be endorsed to your employer (Section 8). Kindly send a scanned copy of the completed form together with your National ID indicated in Section 1 and all relevant documents to pensolcapitaltrust@gmail.com or deliver a hard copy to the Pensol office, (Platinum Place, 1st Floor Kanda Highway– Accra). If you have any questions or concerns, kindly call us at 030-395-7045 (Ext. 1) or send an email to **pensolcapitaltrust@gmail.com.**

Please complete all the required fields (*)

1. Biographical Data

Title	First Name*	Middle Name		Surname*

Date of Birth* (DD/MM/YYYY)   Gender   Nationality

Male [ ]   Female [ ]

SSNIT Number/Pensol ID*

ID Type*	ID Number*	Date of issue*	Date of expiry*	TIN

Employer Name*

E-mail Address

Telephone Number*

2. Redemption Details

A. Indicate the scheme you belong to*

[ ] Pensol Occupa. Pensions Scheme   [ ] Pensol Provident Fund Scheme   [ ] Personal pensions   [ ] Hoda Provident Fund

If you ticked the standalone scheme, please indicate the scheme name.

B. Type of withdrawal*   (Please select your reason for withdrawal by checking the applicable box).

[ ] Ill-health   [ ] Unemployed   [ ] Permanent Incapacity

[ ] Statutory Retirement   [ ] Early retirement   [ ] Partial Withdrawal

Withdrawal amount   GHS

3. Next of Kin

Title	First Name*	Middle Name		Surname*

Mobile Number   Marital Status   Nationality

Married [ ]   Single [ ]

Date of Birth* (DD/MM/YYYY)

Email Address

4. Beneficiaries

i.

Title	First Name*	Middle Name	Surname*

Relationship	ID Number	ID Type	Date of Birth	% of Benefits

Residential Address	Contact Information

ii.

Title	First Name*	Middle Name	Surname*

Relationship	ID Number	ID Type	Date of Birth	% of Benefits

Residential Address	Contact Information

iii.

Title	First Name*	Middle Name	Surname*

Relationship	ID Number	ID Type	Date of Birth	% of Benefits

Residential Address	Contact Information

iv.

Title	First Name*	Middle Name	Surname*

Relationship	ID Number	ID Type	Date of Birth	% of Benefits

Residential Address	Contact Information

v.

Title	First Name*	Middle Name	Surname*

Relationship	ID Number	ID Type	Date of Birth	% of Benefits

Residential Address	Contact Information

Percentages of benefits entered on the extra page are also added to get a total of 100% of benefits.

5. Bank Details

Name of Bank	
Account Name	
Bank Branch	
Account Number	

6. Guardian / Nominee Details

I declare that I am the legally appointed nominee of the beneficiaries stated and certify that the information given in this application form is accurate and complete.

Personal Details

First Name*	Middle Name	Surname*	Relationship

Phone Number*	Email address*

National ID Type*	National ID Number*

Payment Details

Name of Bank	Account Name

Branch	Account Number

Signature/Thumbprint

Date (DD/MM/YYYY)

7. Employer Declaration

Does the employee have a loan/lien to be recovered from employer/employee contribution? *   Yes ☐   No ☐

If yes, please specify loan/lien amount.   GHS

If yes, indicate which scheme the employee has a loan/lien.   ☐ Hoda Provident Fund   ☐ Personal Pensions

Confirmed date of employment*

I am duly authorized to make this application on behalf of the organization and declare that the information supplied on this application form is true and correct at the date of signing and my organization will notify the trustee immediately if any of this information changes.

Full Name

Signature* & Stamp

Phone Number

Date (DD/MM/YYYY)

8. Employee Declaration

i. I certify that the information given on this application form is accurate and complete. Pensol Capital Trust may send communication about my account to the contact information provided on this form.

ii. I authorize Pensol Capital Trust to act on the instruction above and indemnify Pensol Capital Trust of any further claim of liability (due to but limited to the loss of a closed cheque, or inaccurate information I may have entered).

iii. I elect to have my account updated with the details on this form.

iv. I have read and understood and agree with the contents of the scheme particulars.

v. I agree that Pensol Capital shall accept no responsibility or liability for losses or damages that may arise because of the provision of inaccurate or incomplete information on the form.

vi. I understand that Pensol partners with companies within its group as well as other third parties to provide services to me and I consent for Pensol to share my data with the companies within its group as well as its third-party service providers.

Name

Signature*

Date (DD/MM/YYYY) *