KWACHA PENSION TRUST FUND

Pension Benefits Claim Form

(A) BASIC INFORMATION

(i) Member Name ..... (ii) Man No. .....
(iii) NRC Number ..... (iv) Location .....
(v) Date of Engagement ..... (vi) Date of Separation .....
(vi) Contact Number(s)..... (vii) Email Address.....
(vii) Residential/Postal Address .....

(B) MODE OF SEPARATION FROM EMPLOYER

Retirement ☐ Resignation ☐ Dismissal ☐ Change in Conditions of Service ☐
Death in Service ☐ Retrenchment/Redundancy ☐

(C) OPTIONS FOR SEPARATION BEFORE RETIREMENT

(i) Withdrawal Cash Benefit ☐ (ii) Transfer to another Approved Fund ☐
Name of Approved Fund in case of Transfer .....

(D) FOR RETIREMENT CLAIMS ONLY

Type of Retirement:

Early Retirement ☐ Normal Retirement ☐ Late Retirement ☐
Ill-Health Retirement ☐

Pension Benefit Payable According to Fund Rules & Pension Scheme Regulation Act

(i) Lumpsum ☐
(ii) Lumpsum and Monthly Pension ☐
(iii) Monthly Pension Only ☐

(E) FOR DEATH IN SERVICE CLAIMS ONLY

(i) Name of Claimant/Beneficiary .....
(ii) Relationship to Deceased Member.....

Note: Additional information may be provided separately if necessary. Details of Appointed Administrator and contact details will be required for Fund record purposes.

(F) CLAIMAINT'S PAYMENT/BANK ACCOUNT DETAILS

	FOR LUMPSUM PAYMENT	***MONTHLY PENSION PAYMENT (Not Applicable for Withdrawals)***
Account Name	.....	.....
Account Number	.....	.....
Bank & Branch Name	.....	.....
Sort Code	.....	.....

(G) MEMBER'S DECLARATION

I ..... hereby confirm that the details provided herein are correct in every way. I am fully aware and understand the options available to me with regard to the payment of my benefits, including the tax implications. In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Trustees nor Kwacha Pension Trust Fund can be held liable for such losses.

(H) AUTHORISED BY

Members Signature ..... Authorized Employer's Representative.....
Date ..... Employer's Date Stamp .....

All claims must be submitted with a photocopy of the member's National Registration Card