



**GES
OCCUPATIONAL
PENSION
SCHEME**

BENEFICIARY UPDATE FORM

Instructions:

The use of **CORRECTION FLUID** on any part of this **form is not allowed. It renders the form invalid.**

Please fill in **BLOCK LETTERS** and return the hard copy to your local GES Office/Union Office/GESOPS

Secretariat or forward scan copy to enquiries@gespensions.com.gh

Add a copy of your Ghana Card

Passport
picture

Please write your
name and staff ID
behind the picture

Fix Picture here

PART I: MEMBER'S PERSONAL DETAILS

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<i>Name of Contributor:</i>			
Staff ID:		Old Staff ID:	
SSNIT Number:		Old SSNIT Number:	
Date of Birth [DD/MM/YYYY]:		Ghana Card Number:	
Email Address		Telephone Number:	
Residential Address:			

PART II: MEMBER'S BENEFICIARIES DETAILS

I hereby declare that the person(s) whose name(s) is/are indicated below is/are to receive any benefits due me in the event of my demise. **(The sum of all your allocation must be equal to 100%)**

BENEFICIARY 1	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 2	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 3	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 4	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 5	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

DECLARATION BY APPLICANT

I declare that the information provided is TRUE AND COMPLETE and exonerate the GESOPS Board from any liabilities.

Date

Signature:

DECLARATION BY GES/Union/NTC SUPERVISOR

I certify that this Contributor Enrolment Form as received is certified to be true and accurate. The information provided by the signatory is to the best of his/her knowledge accurate.

Name of GES Supervisor:	Office Stamp
Date and Signature:	

NOTE: REQUEST FOR AN ADDITIONAL FORM IF BENEFICIARIES EXCEED FIVE (5) IN NUMBER

GES OCCUPATIONAL PENSION SCHEME, P. O. BOX LA 720, LA – ACCRA

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