



**GES
OCCUPATIONAL
PENSION
SCHEME**

BENEFICIARY WITHDRAWAL 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 along with **copies of Death Certificate, Ghana card and all necessary legal documents (including Birth Certificates if minors are involved)**.

SCHEME AND CONTRIBUTOR INFORMATION

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
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Name of Contributor:

Date of Birth [DD/MM/YYYY]:

Date of Death [DD/MM/YYYY]:

Staff ID:

SSNIT Number:

Ghana Card Number:

LIST OF BENEFICIARIES

BENEFICIARY 1

Name:	Relationship to Contributor:
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Bank Name:	Date of Birth:
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Bank Branch:	ID Type:
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Account Name:	ID Number:
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Account Number:	Telephone Number:
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BENEFICIARY 2

Name:	Relationship to Contributor:
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Bank Name:	Date of Birth:
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Bank Branch:	ID Type:
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Account Name:	ID Number:
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Account Number:	Telephone Number:
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BENEFICIARY 3

Name:	Relationship to Contributor:
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Bank Name:	Date of Birth:
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Bank Branch:	ID Type:
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Account Name:	ID Number:
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Account Number:	Telephone Number:
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BENEFICIARY 4

Name:	Relationship to Contributor:
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Bank Name:	Date of Birth:
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Bank Branch:	ID Type:
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Account Name:	ID Number:
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Account Number:	Telephone Number:
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BENEFICIARY 5

Name:	Relationship to Contributor:
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Bank Name:	Date of Birth:
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Bank Branch:	ID Type:
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Account Name:	ID Number:
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Account Number:	Telephone Number:
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* NOTE: REQUEST FOR AN ADDITIONAL FORM IF BENEFICIARIES EXCEED FIVE (5) IN NUMBER



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SELECT ONE OPTION AS APPLICABLE

- ☐ We authorize the Trust Board to transfer the Pension Benefits of the named Contributor to the Bank Account(s) indicated on this form.
- ☐ We authorize the Trust Board to issue a joint cheque in the names of beneficiary(ies) listed in the Letter of Administration.
- We certify that the instruction and information provided herein are true and correct and that the Board of Trustees will not be held liable for any errors or omissions that result from the usage of the information for its intended purpose.

Applicant 1 Name and Signature:

Applicant 2 Name and Signature:

Applicant 3 Name and Signature:

Applicant 4 Name and Signature:

Applicant 5 Name and Signature:

Date [DD/MM/YYYY]:

TO BE COMPLETED BY GES/Union/NTC SUPERVISOR

Supervisor's Name:

Date and Signature:

Office
Stamp

FOR OFFICIAL USE ONLY

FUND ADMINISTRATOR

Receiving Officer's Name:

Date and Signature:

Office
Stamp

*** IF APPLICANTS EXCEED FIVE (5), REQUEST FOR ADDITIONAL SHEETS FOR SIGNING.**

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

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Website: www.gespensions.com.gh