

## **CONTRIBUTOR ENROLMENT FORM**

(Additional Beneficiary Form - Optional)

The sum of all your allocation must be equal to 100%

BENEFICIARY 6	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 7	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 8	Dolationship to Contributor
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 9	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 10	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 11	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 12	
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 also exonerate the GESOPS Board from any liabilities.	
Full Name of Applicant:	
Date	Signature:
	Construction
	Sum Total of Allocation:

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Website: www.glicopensions.com