



GES
OCCUPATIONAL
PENSION
SCHEME

CLAIM 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 a copy of your **retirement notice / letter of introduction from GES, a copy of your Ghana card and other documents as required.**

DETAILS OF APPLICANT

Name of Applicant: _____	
Date of Birth [DD/MM/YYYY]: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Staff ID: _____	Old Staff ID (if applicable): _____
SSNIT Number: _____	Old SSNIT Number (if applicable): _____
Email: _____	Phone Number: _____
Ghana Card Number: _____	Date of Retirement: _____
Name of Institution: _____	
Claim Type: Mandatory Retirement <input type="checkbox"/>	Early/ Voluntary Retirement <input type="checkbox"/>
Permanent Disability <input type="checkbox"/>	Permanent Emigration from Ghana <input type="checkbox"/>

BANK ACCOUNT DETAILS

Name of Bank: _____	Branch: _____
Account Name: _____	
Account Number: _____	

DECLARATION

I authorize the Trust Board to transfer my Pension Benefits to the Bank Account indicated on this form. I certify that the instruction and information provided herein are true and correct and that neither the Board of Trustees, GESOPS Secretariat, Administrator of the scheme will be held liable for any errors or omissions that result from the usage of the information for its intended purpose.


Name of Applicant: _____
Signature: _____ Date [DD/MM/YYYY]: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TO BE COMPLETED BY GES/Union/NTC SUPERVISOR

Name Of Supervisor: _____	
Signature: _____	
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	

FOR OFFICIAL USE ONLY

TO BE COMPLETED BY FUND ADMINISTRATOR

Name Of Receiving Officer: _____	
Signature: _____	
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	

KINDLY TURN OVER THE PAGE TO VIEW LIST OF DOCUMENTS TO BE ATTACHED.

Documents needed to support your claim. Kindly ensure that the documents applicable are attached and ticked off accordingly.

VOLUNTARY RETIREMENT <ul style="list-style-type: none">❖ Letter from Employer (GES/Union/NTC) on your retirement❖ Copy of Ghana card❖ Bank and branch details	MANDATORY RETIREMENT <ul style="list-style-type: none">❖ Letter from Employer (GES/Union/NTC) on your retirement❖ Copy of Ghana card❖ Bank and branch details
PERMANENT DISABILITY <ul style="list-style-type: none">❖ Letter from Employer (GES/Union/NTC) stating that the member has been relieved of his normal duties❖ Certified Medical report confirming member's disability❖ Copy of Ghana card❖ Bank and branch details	PERMANENT EMIGRATION <ul style="list-style-type: none">❖ A statutory declaration stating that you are permanently emigrating from Ghana and the date you intend to emigrate❖ Copy of Ghana card❖ Bank and branch details