



**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/GLICo Office/GESOPS Secretariat along with **copies of Death Certificate, valid National ID 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: _____

Bank Name: _____ Branch: _____

Account Name: _____ ID Type: _____

Account Number: _____ ID Number: _____

Telephone Number: _____

BENEFICIARY 2

Name: _____ Relationship to Contributor: _____

Bank Name: _____ Branch: _____

Account Name: _____ ID Type: _____

Account Number: _____ ID Number: _____

Telephone Number: _____

BENEFICIARY 3

Name: _____ Relationship to Contributor: _____

Bank Name: _____ Branch: _____

Account Name: _____ ID Type: _____

Account Number: _____ ID Number: _____

Telephone Number: _____

BENEFICIARY 4

Name: _____ Relationship to Contributor: _____

Bank Name: _____ Branch: _____

Account Name: _____ ID Type: _____

Account Number: _____ ID Number: _____

Telephone Number: _____

BENEFICIARY 5

Name: _____ Relationship to Contributor: _____

Bank Name: _____ Branch: _____

Account Name: _____ ID Type: _____

Account Number: _____ ID Number: _____

Telephone Number: _____

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 SUPERVISOR

Supervisor's Name:	Office Stamp
Date and Signature:	

FOR OFFICIAL USE ONLY

ADMINISTRATOR (GLICo Pensions Trustee Limited)

Receiving Officer's Name:	Office Stamp
Date and Signature:	

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