



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/GLICo office/GESOPS Secretariat along with a copy of your **retirement notice / letter of introduction from GES, a copy of any valid National ID 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"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
ID Type:	ID Number:
GES Staff ID:	Phone Number:
SSNIT Number:	Ghana Card Number:
Email:	
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"/>
Date of Retirement:	

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, nor GLICo Pensions Trustee Ltd. 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"/>

TO BE COMPLETED BY GES SUPERVISOR

Name Of Supervisor:	Official Stamp
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 (GLICo PENSIONS TRUSTEE LTD)

Name Of Receiving Officer:	Official Stamp
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"><input type="checkbox"/> Pension Advice from SSNIT<input type="checkbox"/> Letter form Employer (GES) on your retirement<input type="checkbox"/> Copy of any valid National ID card<input type="checkbox"/> Copy of SSNIT Card<input type="checkbox"/> Bank and branch details	MANDATORY RETIREMENT <ul style="list-style-type: none"><input type="checkbox"/> Pension Advice from SSNIT<input type="checkbox"/> Letter form Employer (GES) on your retirement<input type="checkbox"/> Copy of any valid National ID card<input type="checkbox"/> Copy of SSNIT Card<input type="checkbox"/> Bank and branch details
PERMANENT DISABILITY <ul style="list-style-type: none"><input type="checkbox"/> Letter from Employer (GES) stating that the member has been relieved of his normal duties<input type="checkbox"/> Medical report confirming member's disability<input type="checkbox"/> Copy of any valid National ID card<input type="checkbox"/> Copy of SSNIT ID card<input type="checkbox"/> Bank and branch details	PERMANENT EMIGRATION <ul style="list-style-type: none"><input type="checkbox"/> A statutory declaration stating that you are permanently emigrating from Ghana and the date you intend to emigrate<input type="checkbox"/> Copy of any valid National ID card<input type="checkbox"/> Copy of SSNIT ID card<input type="checkbox"/> Bank and branch details