

NATIONAL PENSIONS REGULATORY AUTHORITY



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**APPLICATION FOR PERSONAL PENSION CONTRIBUTION / TOTAL INCAPACITY
BENEFIT**

NATIONAL PENSIONS ACT, 2008 (ACT 766)

*Please print all information in **CAPITAL LETTERS** and use **BLACK INK** only
All **SECTIONS** should be completed by Claimant.*

SECTION I – TYPE OF BENEFIT APPLIED FOR (Section 101)

*(Please tick 'v' one box)NB: If you tick **TOTAL INCAPACITY**, attach a **CERTIFIED MEDICAL REPORT***

<input type="checkbox"/> Retirement(60yrs)	<input type="checkbox"/> Unemployment/Self Employment (50 yrs)	<u>TEMPORARY PENSION FUND</u>
<input type="checkbox"/> Permanent Emigration	<input type="checkbox"/> Total Incapacity/Beneficiary Claim	

SECTION II – CLAIMANT’S PERSONAL DETAILS

SOCIAL SECURITY NUMBER		CONTRIBUTOR CLAIM NUMBER
CONTRIBUTOR ENROLLMENT NUMBER		ADDITIONAL CONTRIBUTOR ENROLLMENT NUMBER
CLAIMANT’S FULL NAME		
SURNAME		FIRST NAME
OTHER NAME(S)		
CLAIMANT’S PREVIOUS / MAIDEN NAME (If any)		
SURNAME		FIRST NAME
DATE OF BIRTH	DATE JOINED SCHEME	DATE OF RETIREMENT
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
CURRENT POSTAL / CONTACT ADDRESS		
TEL No.:	MOBILE:	EMAIL:
PERMANENT RESIDENTIAL ADDRESS / LOCATION		
SSNITENROLMENT NUMBER OF LAST EMPLOYER	NAME OF LAST EMPLOYER	

SECTION III – PAYMENT INSTRUCTIONS

NAME OF BANK	BRANCH	ACCOUNT NUMBER

SECTION IV – TPFA PROVISIONAL STATEMENT OF BENEFIT STATUS

DO YOU ACCEPT YOUR CURRENT STATEMENT OF ACCOUNT?

YES NO, I request for an Amendment

SECTION V – PARENTAL DETAILS

NAME OF FATHER (Please write name in FULL)

SURNAME	FIRST NAME
OTHER NAME(S)	

NAME OF MOTHER (Please write name in FULL)

SURNAME	FIRST NAME
OTHER NAME(S)	

SECTION VI – DECLARATION

I CERTIFY that the facts stated above are to the best of my knowledge true and accurate.

LEFT THUMB PRINT			<i>Tick which finger was used</i>	RIGHT THUMB PRINT		
	INDEX			INDEX		
	3		3			
	4		4			
	5		5			

Signature or Mark of Claimant

Date of Completion

In the presence of

WITNESS: Name of Schedule Officer

Signature of Schedule Officer

Date

(FOR OFFICE USE ONLY)

SUPERVISOR'S COMMENTS

.....

.....

.....

Name of Supervisor

Signature and Stamp of Supervisor

Date

CERTIFICATION OF RECORDS

RECORDS OFFICER

.....
.....
.....

Name of Officer

Signature and Stamp of Officer

Date

(FOR OFFICE USE ONLY)

BENEFITS APPROVAL

<input type="checkbox"/> Benefit Claim Approved	<input type="checkbox"/> Retirement (60yrs) <input type="checkbox"/> Permanent Emigration	<input type="checkbox"/> Unemployment/Self Employment <input type="checkbox"/> Total Incapacity	<u>TEMPORARY PENSION FUND</u> <input type="checkbox"/> 5% Lump Sum
<input type="checkbox"/> Benefit Claim NOT Approved	<u>STATE REASON(S) FOR REJECTION:</u> 		

Name of Director of F & A

Signature and Stamp of Director

Date

INSTRUCTIONS

Claimants should ensure that they read instructions carefully before filling the form

- (1) This Form is to be completed by anyone who wishes to make a claim for payment of accrued benefits.
- (2) Please use **BLOCK LETTERS** for completion of this Form.
- (3) Please write **"N/A"** if not applicable
- (4) An **original ID card** should be presented for verification of identity card number(s) and a copy attached to the application.
- (5) An **Employer Retirement Letter** should be obtained and submitted for **Retirement (60yrs)** benefit applications.
- (6) **For 5% Accrued Benefits (2nd Tier)** applications, Claimants should attach to the application the **Contribution Statement and Payment Advice** from SSNIT.

- (7) The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority (“the Authority”) in activities relating to the processing of claim and may be disclosed to other parties for such purposes.
- (8) All the forms related to claims for payment of accrued benefits can be downloaded from the internet at the Authority’s web site at [<http://www.npra.gov.gh>]. Hard copies of the forms are also available at the office of the Authority.