

## FUND WITHDRAWAL/CLAIM FORM

Please complete this form in **BLOCK LETTERS**. Kindly send completed and endorsed form to [customerservice@gentrustgh.com](mailto:customerservice@gentrustgh.com) or deliver a hard copy to the GENTRUST office at #141/21 Reyben Road, Abelemkpe, Accra. Attach a copy of your Valid **National ID Card**.

All required fields must be completed (\*)

### MEMBER DETAILS

Member's Full Name* <input style="width: 90%;" type="text"/>			
Date of Birth (DD/MM/YYYY) *	Gender	Nationality	
<input style="width: 25%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 50%;" type="text"/>	
Ghana Card Number*	Date of Issue*	Date of Expiry*	
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 50%;" type="text"/>	
Social Security (SSNIT) Number*	Other ID Details		
<input style="width: 25%;" type="text"/>	ID Type <input style="width: 20%;" type="text"/>	ID Number <input style="width: 40%;" type="text"/>	
Name of Employer (Company)* <input style="width: 90%;" type="text"/>			
Member's Telephone Number*	Hometown	Region	
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
Member's Email Address <input style="width: 90%;" type="text"/>			

### WITHDRAWAL DETAILS

<b>Type of Scheme</b>		
Pension Fund (Tier 2) <input type="checkbox"/>	Provident Fund (Tier 3) <input type="checkbox"/>	Personal Pension (Tier 3) <input type="checkbox"/>
<b>Reason for Withdrawal*</b>		
Statutory Retirement <input type="checkbox"/>	Early Retirement <input type="checkbox"/>	Other (indicate where applicable) <input style="width: 20%;" type="text"/>
<b>Type of Withdrawal</b> Full/100% Withdrawal <input type="checkbox"/>		
Partial Withdrawal <input type="checkbox"/>	Withdrawal Amount (GHS) <input style="width: 20%;" type="text"/>	
Last Date of Contribution* <input style="width: 30%;" type="text"/>		Last Date of Employment* <input style="width: 30%;" type="text"/>
<b>Bank Details*</b> (kindly have your bank confirm your account details by completing the attached bank confirmation form)		
Name of Bank <input style="width: 80%;" type="text"/>		
Account Name <input style="width: 80%;" type="text"/>		
Account Number <input style="width: 80%;" type="text"/>		
Bank Branch <input style="width: 80%;" type="text"/>		
<i>Declaration: I certify that the information provided above is true and correct: I am aware that authorizations sent via email, phone, or WhatsApp are insecure and can be tampered with. By signing this form, I agree to indemnify and absolve GENTRUST of any damages or liabilities arising from this approved application.</i>		
Member's Signature* <input style="width: 40%;" type="text"/>		Date <input style="width: 40%;" type="text"/>

### EMPLOYER/HUMAN RESOURCE VERIFICATION (where applicable)

Date of joining scheme <input style="width: 30%;" type="text"/>	Date of Last Contribution* <input style="width: 30%;" type="text"/>
Please indicate whether tax was before or after deduction <input style="width: 20%;" type="text"/>	
Does employee have a loan to be recovered from Tier 3 Contribution? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate Amount (GHS), if yes <input style="width: 20%;" type="text"/>	
<i>(If yes, attach loan agreement indicating employee consent to use Tier 3 benefits to offset loan balance)</i>	
<i>Declaration: I am duly authorized to approve this application on behalf of the employer. I further declare that the information provided on the form is true and correct.</i>	
Full Name* <input style="width: 40%;" type="text"/>	Telephone Number* <input style="width: 40%;" type="text"/>
Job Title <input style="width: 30%;" type="text"/>	Email Address <input style="width: 40%;" type="text"/>
Signature* & Stamp <input style="width: 30%;" type="text"/>	Date <input style="width: 40%;" type="text"/>

\*Employer verification not applicable to Personal Pension Scheme unless otherwise indicated.

\*Provident Fund Withdrawal amount may be subject to 15% tax payable to GRA where withdrawal is before the tax exemption period of 10 years (Section 112(5b) of Act 766)