



**GENTRUST ALTERNATIVE PENSION FUND**  
**Membership Form**

Full Name of Contributor:

Phone Number:  Email:

Date of Birth:  SSNITNUMBER:

Name of Employer (if any):  Occupation:

Ghana Card Number:

Residential Address:

Marital Status: Single  Married  Other

**BENEFICIARY DETAILS**

Name of Beneficiaries	Assigned Benefit Percentage (%)

Next of Kin:

Phone Number:  Address:

Mode of Payment: Mobile Money:  Bank Transfer:  Direct Debit:  Bank Deposit:

**I declare that the information I have given in this application form is accurate and complete at the date of signing and shall notify GENTRUST immediately if any of this information changes. I sign off at my own volition on to the GENTRUST Alternative Personal Pension Scheme.**

Signature of Contributor:  Date of Registration: