GENERAL TRUST

PASSPORT PICTURE

GENTRUST ALTERNATIVE PENSION FUND
Membership Form

Full Name of Contributor:

Phone Number: Email:

Date of Birth: SSNITNUMBER:

Name of Employer (if any): Occupation:

ID Type: #:

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.

Signature of Contributor: Date of Registration: