

FUND PORTING-IN FORM

Please complete this form in BLOCK LETTERS if you are porting/transferring your pension or provident fund to General Trust. Kindly send a copy of this form to customerservice@gentrustgh.com or deliver a hard copy to the GENTRUST office at #141/21 Saflo Link, Abelemkpe, Accra. Attach a copy of your National ID on submission.

MEMBER'S DETAILS	
Member's Full Name	
SSNIT Number	
ID Type: <input type="text"/>	ID Number: <input type="text"/>
Date of Birth (DD/MM/YYYY)	
Full Postal/Email Address	
Contact Number	

CURRENT EMPLOYMENT DETAILS	
Name of Current Employer	
Current Scheme Name	
Date Of Joining Scheme	

HR/Admin Manager's Signature

Date

PREVIOUS TRUSTEE DETAILS	
Name of Previous Employer	
Last Date of Employment	
Name of Member's Previous Trustee	
Previous Scheme Name:	
Scheme Type:	<input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
Member ID:	
Name of Contact Person	
Contact Telephone Number	
Contact Email address	

(To be signed by member)

I certify that I am a registered Member and/my employer contributes on my behalf to the GENTRUST Scheme. I therefore direct that all my accrued benefits be transferred into the GENTRUST Scheme indicated above.

Name

Signature

Date