



HEDGE PENSIONS TRUST

APPLICATION FORM

The completed form may be forwarded to the hedgepensionsform@gmail.com or delivered to the Hedge Pensions Trust Building, Ministries. Box M336 Accra. Contact us on 050 564 7938 / 030 263 1581 /3/4 to inquire about our Pension Scheme.

PHOTO
HERE

NAME OF SCHEME		HEDGE MASTER TRUST OCCUPATIONAL PENSIONS SCHEME																									
TYPE OF SCHEME		TIER 2 SCHEME																									
SURNAME																											
FIRST NAME																											
OTHER NAMES																											
PREVIOUS/MAIDEN NAME																											
DATE OF BIRTH (DD MM YYYY)												STAFF ID															
GENDER												SSNIT NO															
MARITAL STATUS												NATIONALITY															
PLACE OF BIRTH												DISTRICT															
REGION												COUNTRY															
RESIDENTIAL ADDRESS																											
MAILING ADDRESS																											
FIXED LINE NO												MOBILE NO.															
EMAIL ADDRESS																											
TYPE OF ID.	PASSPORT	<input type="radio"/>	VOTERS	<input type="radio"/>	DRIVERS	<input type="radio"/>	NAT ID	<input type="radio"/>	ID NO.																		
FATHER'S NAME																											
FATHER'S ADDRESS																											
MOTHER'S NAME																											
MOTHER'S ADDRESS																											
EMPLOYMENT NAME																											
EMPLOYMENT CODE																											
EMPLOYMENT TEL. NO.												EMPLOYMENT TYPE		CAGD	<input type="radio"/>	IGF	<input type="radio"/>										
DATE OF EMPLOYMENT												SELF EMPLOYED		<input type="radio"/>	OTHERS SPECIFY	<input type="radio"/>											
MONTHLY BASIC SALARY												NATURE OF INCOME															
ANNUAL BASIC SALARY												5% CONTRIBUTION															
PREV. EMPLOYER NAME																											
										PREV. EMPLOYER NO.																	
PREV. SCHEME NAME																											
PREV. SCHEME NUMBER																											
PREV. TRUSTEE NAME																											

NOTE: All information should be written legibly and boldly in CAPITAL LETTERS.

Death & Survivor's Benefit Nomination

I hereby Nominate the Person(s) below as my Beneficiary to receive Death and Survival Benefit in the event of my Death.

[illegible]

FINGER PRINT IDENTIFICATION

LEFT THUMB PRINT	RIGHT THUMB PRINT
OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS	OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS
INDICATE WHICH FINGER	INDICATE WHICH FINGER

DATE:

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SIGNATURE OR MARK OF CONTRIBUTOR: (MARK)

DECLARATION BY ENROLLMENT OFFICER (HEAD OF DEPARTMENT - HOD)

I Certify that this contributor Enrollment Form was completed in my presence and under my supervision and that information herein contained is Certified to be Accurate and True.

NAME OF ENROLLMENT OFFICER

SIGNATURE

OFFICIAL STAMP OF
INSTITUTION

(OFFICIAL USE ONLY)

DECLARATION BY ENROLLMENT OFFICER HEDGE PENSION TRUST

I Certify that this Contributor Enrollment Form was complete and only verified under the supervisor of the District / Regional Secretary and that information herein contained is Certified to be Accurate and True.

NAME OF SCHEME ACCOUNT OFFICER /
RELATIONSHIP OFFICER

SIGNATURE

OFFICIAL STAMP OF CORPORATE
TRUSTEE / SPONSORING
EMPLOYER

SCHEME NO. _____