

## **HEDGE PENSIONS TRUST**

## **APPLICATION FORM**

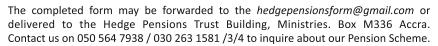


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TYPE OF SCHEME  SURNAME	
FIRST NAME  OTHER NAMES  OTHER	
OTHER NAMES    OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   OTHER NAMES   O	
PREVIOUS/MAIDEN NAME         Image: contract of birth (DD MM YYYY)         Image: contract of birth (DD MM YYYYY)         Image: contract of birth (DD MM YYYYY)         Image: contract of birth (DD MM YYYYYY)         Image: contract of birth (DD MM YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	
DATE OF BIRTH (DD MM YYYY)    C	
GENDER  GENDER  MARITAL STATUS  MARITAL STATUS	
MARITAL STATUS         Image: Control of the cont	
PLACE OF BIRTH         Image: Control of the cont	
REGION         COUNTRY         COUNTRY <td< td=""><td></td></td<>	
RESIDENTIAL ADDRESS  MAILING ADDRESS  MOBILE NO.	
MAILING ADDRESS  FIXED LINE NO  MOBILE NO.	
FIXED LINE NO MOBILE NO.	
EMAIL ADDRESS	
TYPE OF ID. PASSPORT VOTERS DRIVERS NAT ID ID NO.	
FATHER'S NAME	
FATHER'S ADDRESS	
MOTHER'S NAME	
MOTHER'S ADDRESS	
EMPLOYMENT NAME	
EMPLOYMENT CODE	
EMPLOYMENT TEL. NO. EMPLOYMENT TYPE CAGD IGF	
SELF EMPLOYED OTHERS SPECIFY (	$\overline{\bigcirc}$
MANDATE NO.	
NATURE OF INCOME	
CONTRIBUTION (MULTIPLES OF GHC10) MINIMUM OF GHC30  30  40  50  60  70  80  90  100  OTHERS	
PREV. EMPLOYER NAME	
PREV. SCHEME NAME	
PREV. SCHEME NUMBER	
PREV. TRUSTEE NAME	

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.

Percentage Allocation (Total = 100%)												
Contact Numbers												
Beneficiary Address												
Relationship												
Date of Birth												
Name of Beneficiary												

## **FINGER PRINT IDENTIFICATION**

SCHEME NO. \_\_\_

	LEFT THUMB PRI	NT	F	RIGHT THUMB PRINT	
	OTHER PRINTS WHERE THI			PRINTS WHERE THERE IS NO	
	THUMB OR UNCLEAR FINGER I	PRINT MARKS	THUMB OR	UNCLEAR FINGER PRINT MARKS	
	INDICATE WHICH FIN	IGER	INI	DICATE WHICH FINGER	
DECLARAT	TION BY ENROLLMENT OFFICER (HEAD OF lat this contributor Enrollment Form was of the beaccurate and True.	DEPARTMENT - HOD	<b>)</b> )	(MARK) my supervision and that information herein c	ontained
				OFFICIAL STAMP OF INSTITUTION	
NAME OF	ENROLLMENT OFFICER	SIGNATU	RE		
DECLARAT I Certify th	USE ONLY) TON BY ENROLLMENT OFFICER HEDGE PEI nat this Contributor Enrollment Form was on on herein contained is Certified to be Accu	complete and only v	verified under the	supervisor of the District / Regional Secretary	y and tha
				OFFICIAL STAMP OF CORPO TRUSTEE / SPONSORING EMPLOYER	
	SCHEME ACCOUNT OFFICER / SHIP OFFICER	SIGNATU	RE		



**ORIGINATOR'S IDENTIFICATION NUMBER** 

5



1. PERSONAL DETAILS											
SURNAME											
OTHER NAMES											
POSTAL ADDRESS											
EMAIL ADDRESS											
MOBILE NUMBER	OBILE NUMBER										
EMPLOYER											
NATURE OF BUSINESS (If self employed)											
2. PAYMENT DETAILS											
	NEW AMEND CANCEL										
FABL ACCOUNT NUMBER											
AMOUNT											
AMOUNT IN WORDS	AMOUNT IN WORDS										
FREQUENCY OF DEDUCTIONS MONTHLY QUARTERLY OTHERS											
DATE OF FIRST DEDUCTI	DATE OF FIRST DEDUCTION										
DAY OF DEDUCTIONS END DATE UNTIL FURTHER NOTICE											
3. INSTRUCTION TO BAI	NK										
NAME OF BANK											
ACCOUNT TYPE	CURRENT SAVINGS OTHERS										
ACCOUNT NAME											
ACCOUNT NUMBER											
BRANCH WHERE ACCOL	JNT IS HELD										
SORT CODE											
BRANCH CODE											
conditions provided below. FA or any other error in my/our	<b>DECLARATION</b> y authorize <b>My Bank</b> , to deduct my/our contributions for the benefit of FABL as indicated above subject to the terms and ABL is indemnified against any claim or liability that may arise BUT NOT limited to my/our providing the wrong bank details instruction in respect of which FABL acts in implementing my/our Direct Debit authorization. I/We understand that the prized will be processed through an Automated Clearing House platform provided by <b>First Atlantic Bank</b> .										
	oit scheme is monitored and protected by all parties involved.										

		1 1		l	
CLIENT SIGNATURE(S)	DATE				
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<sup>\*</sup>You can cancel this mandate at any time by writing to FABL within 10 days in advance of your account being debited.

\*FABL has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by email and SMS where the contributor has provided them.