



**HEDGE PENSIONS TRUST  
P.O. BOX M336, MINISTRIES-ACCRA**

ATTACH  
PASSPORT-SIZED  
PHOTOGRAPH

## RETIREMENT CLAIM FORM- TIER 2

SCHEME TYPE : HEDGE MASTER TRUST OCCUPATIONAL PENSION SCHEME			
APPLICANTS DETAILS			
Member's Full Name	SURNAME	FIRST NAME/OTHERS	
Date Of Birth (DD/MM/YYYY)	/ /	MOBILE NUMBER	
MEMBER ID/STAFF ID(CAGD)		SSNIT ID	
VALID ID TYPE	<input type="checkbox"/> PASSPORT <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> NATIAONAL ID		
VALID ID NUMBER			
Residential GPS Address	EMAIL ADDRESS		
EMPLOYMENT HISTORY (SINCE 2010)	CURRENT:	FROM: / /	TO: / / /
	PREVIOUS:	FROM: / /	TO: / / /
	PREVIOUS:	FROM: / /	TO: / / /
DATE OF RETIREMENT			
REASON FOR WITHDRAWAL	<input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> COMPULSORY RETIREMENT <input type="checkbox"/> TOTAL INCAPACITY		
	<input type="checkbox"/> PERMANENT EMIGRATION FROM GHANA		
	<input type="checkbox"/> OTHERS _____		
NAME OF APPLICANT'S BANK			
ACCOUNT NAME			
ACCOUNT NO.			
ACCOUNT BRANCH			

**BY SIGNING THIS FORM, I HEREBY DECLARE THAT THE INFORMATION AND DETAILS PROVIDED ABOVE, ARE COMPLETE AND ACCURATE, AND THAT HEDGE PENSIONS TRUST WILL NOT BE HELD LIABLE FOR ANY WRONGFUL EFFECT CAUSED BY THE DETAILS PROVIDED ABOVE.**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**HPT OFFICIAL VERIFICATION (For official use only) DO NOT WRITE HERE**

<b>VERIFIED BY:</b>			<b>DOCUMENTS ATTACHED</b>
_____	_____	_____	
Name	Signature	Date	
<b>APPROVED BY:</b>			
_____	_____	_____	<input type="checkbox"/> OFFICIAL RETIREMENT LETTER <input type="checkbox"/> RECENT PASSPORT-SIZED PICTURE <input type="checkbox"/> EVIDENCE OF BANK DETAILS (COPY OF CHEQUE LEAFLET OR BANK STATEMENT) <input type="checkbox"/> LAST PAYSリップ (ORIGINAL & 1 COPY) <input type="checkbox"/> VALID ID (ORIGINAL & 1 COPY)