

# RETIREMENT NOTIFICATION



Full Name : \_\_\_\_\_

Name of Employer ( Ministry / Dept ): \_\_\_\_\_

### Member's particulars

Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Contact No (Tel/Cell/Email): \_\_\_\_\_

### Type of retirement: (please tick)

- Compulsory       Employer's request       Dismissal  
 Early       Ill Health

### Payment of benefits (Options available)

- I wish to use my full benefit to purchase an annuity from a registered insurer.  
 I wish to take a portion of my benefits as a lump sum payment (*maximum 1/3*) and purchase an annuity from a registered insurer with the balance. If less than 1/3, please specify

Please note that you will be consulted for the purchase of a pension annuity with the remaining benefits (2/3 or more)

### PAYMENT INSTRUCTIONS:

Member's account details:

1. Account name: \_\_\_\_\_ 2. Bank Name: \_\_\_\_\_  
3. Type of Account: \_\_\_\_\_ 4. Account No: \_\_\_\_\_  
5. Branch name & Code: \_\_\_\_\_

Next of kin (Full name)	Relationship	Contact number
_____	_____	_____

SIGNATURE & DECLARATION: I declare that the information provided on this claim form is true.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorising Officer (Full Name): \_\_\_\_\_

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

