



RETIREMENT BENEFIT APPLICATION FORM

(Please complete with block letters)

ACCOUNT HOLDER'S PARTICULARS

PIN

Grid for PIN: P E N [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

NSITF NO -1

Grid for NSITF NO -1: [] [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] - [] []

NSITF NO -2

Grid for NSITF NO -2: [] [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] - [] []

..... SURNAME MIDDLE NAME FIRST NAME

..... DATE OF BIRTH EFFECTIVE DATE OF RETIREMENT

MARITAL STATUS: (M/S/D/W)

PERMANENT HOME ADDRESS:
.....
.....
.....
.....

CURRENT CONTACT / MAILING ADDRESS (traceable street address):.....
.....
.....

House Phone/Mobile No. E-mail:.....

CURRENT EMPLOYMENT DETAILS

Employer's Name and Address:.....
.....
.....
.....

Staff ID No: **Grade Level** **Position**

Last Pensionable Salary

(a) Basic Salary (p.a) **(b) Housing Allowance (p.a)**
.....

(c) Transport Allowance (p.a) **(d) Other Allowances (p.a)**.....

(e) Gross Emolument (p.a)

REASONS FOR RETIREMENT BENEFIT CLAIM (Please tick appropriately):

NORMAL RETIREMENT MEDICAL REASONS DISENGAGEMENT

TERMS & CONDITIONS OF EMPLOYMENT

BENEFIT OPTION (please tick as appropriate):

- PROGRAMMED WITHDRAWAL : MONTHLY QUARTERLY
- LUMP SUM (only for retirement before age of 50 yrs.)
- LUMP SUM + PROGRAMMED WITHDRAWAL: MONTHLY QUARTERLY
- ANNUITY (please indicate the name of Insurance Company)
- LUMP SUM + ANNUITY

FOR OFFICE USE ONLY

1. Documentation Checklist : Complete Incomplete
2. Documents Waived
3. RSA Balance NSITF Balance.....
4. Value of Retirement Bond/ Accrued Pension Right.....
5. Total Consolidated Benefit.....
6. Expected life Span (from Mortality table)
7. Total annual remuneration.....
8. Lump Sum to be paid.....
9. Balance for programmed withdrawal/Annuity.....
10. Preferred Pension Payment Period : Monthly Quarterly Amount.....
11. Processed By:(Name, sign & date)
12. Verified By:.....(Name, Sign & Date)
13. Approved By:.....(Name, Sign & Date)
14. Internal Control & Audit:(Name, Date & Sign)