



Form TPP/BEN/01

**ONLY APPLICATIONS WITH COMPLETE DOCUMENTATION WILL BE PROCESSED. REFER TO APPLICATION CHECKLIST.**

## BENEFIT APPLICATION FORM

(PLEASE FILL ONLY IN BLOCK LETTERS)

Affix 2 passport photographs here  
  
(PIN & name to be written on the back)

ACCOUNT HOLDER'S DETAILS			
TITLE	SURNAME	FIRST NAME	OTHER NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIN		MARITAL STATUS (M/S)	GENDER (M/F)
P <input type="text"/> E <input type="text"/> N <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)		DATE OF RETIREMENT/DEATH (DD/MM/YYYY)	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
RESIDENTIAL ADDRESS: .....			
.....			
PHONE NUMBER	PHONE NUMBER 2	E-MAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
LAST EMPLOYER'S NAME & ADDRESS: .....			
.....			

NEXT OF KIN 1	NEXT OF KIN 2
FULL NAMES	FULL NAMES
<input type="text"/>	<input type="text"/>
RELATIONSHIP	RELATIONSHIP
<input type="text"/>	<input type="text"/>
PHONE NUMBER	PHONE NUMBER
<input type="text"/>	<input type="text"/>
PHONE NUMBER 2	PHONE NUMBER 2
<input type="text"/>	<input type="text"/>
GENDER (M/F)	GENDER (M/F)
<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS: .....	RESIDENTIAL ADDRESS: .....
.....	.....
E-MAIL: .....	E-MAIL: .....
.....	.....

BANK DETAILS	
ACCOUNT NAME:	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>
BANK NAME:	<input type="text"/>
SORT CODE:	<input type="text"/>
BRANCH:	<input type="text"/>

MODE OF EXIT	BENEFIT APPLICATION TYPE
NORMAL RETIREMENT <input type="checkbox"/>	1A. LUMP SUM + PROGRAMMED WITHDRAWAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>
MEDICAL <input type="checkbox"/>	1B. LUMP SUM + ANNUITY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>
RESIGNATION <input type="checkbox"/>	2. 25% PAYMENT <input checked="" type="checkbox"/>
DISENGAGEMENT <input type="checkbox"/>	3. ENBLOC <input checked="" type="checkbox"/>
DEATH <input type="checkbox"/>	4. PRE-ACT <input type="checkbox"/>
VOLUNTARY RETIREMENT <input type="checkbox"/>	5. MEDICAL <input type="checkbox"/>
	6. EMIGRANT <input type="checkbox"/>
	7. SURVIVOR <input type="checkbox"/>
	8. REFUND <input type="checkbox"/>
	9. RIGHTSIZED PART <input type="checkbox"/> FULL <input type="checkbox"/>
	10. VOLUNTARY CONTRIBUTIONS <input type="checkbox"/>

**CONFIRMATION OF EMPLOYMENT STATUS**

I have been unemployed for the last 4 months

**"I hereby apply for my benefit in accordance with the regulations on Benefit Administration and confirm that all the required documents for the processing and payment of the said benefits are attached hereto".**

**I confirm that I have been educated on the exit options available and I am satisfied with the information and based thereon check the preferred option:**

- a. Programmed Withdrawal                       b. Annuity

**I hereby declare that the information I have provided above is to the best of my knowledge, true and accurate. I agree to be held liable for any and all liabilities howsoever arising from the information given.**

LEFT THUMB PRINT

RIGHT THUMB PRINT

.....

**SIGNATURE/DATE**

**FOR OFFICE USE ONLY**

1. Documentation Checklist:            Complete                       Incomplete
2. RSA Balance..... Voluntary Contribution Balance:.....
3. Value of Retirement Bond/Accrued Pension Right:.....
4. Total Consolidated RSA Balnce.....
5. Recommended Lump Sum: ..... Agreed Pension: .....
6. Enbloc:..... 7. 25%:..... 8. Pre-act:.....
9. State refunds:.....
10. Additional Lumpsum:..... New Pension:.....
11. Voluntary Contribution Payable:..... Tax:.....
12. Annuity Premium:..... Monthly Annuity:.....
13. Survival benefits:..... Additional Survival benefits:.....
14. Pension Areas: ..... 15. NSITF Balance:..... 16. State refunds:.....
17. Lump Sum Approved by PENCOM.....
18. Balance for Programme Withdrawal: .....
19. Preferred Pension Payment Period: Monthly  Quarterly
20. Processed By: ..... (Name, Sign & Date)
21. Verified By: ..... (Name, Sign & Date)
22. Authenticated By: ..... (Name, Sign & Date)
23. Internal Control & Audit: ..... (Name, Sign & Date)