



Form TPP /BEN/ 01

RETIREMENT BENEFIT APPLICATION FORM (PLEASE COMPLETE WITH BLOCK LETTERS)

Affix 2 passport
size photographs
of the Retiree.

ACCOUNT HOLDERS PARTICULARS

PIN

P	E	N													
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NSITF NO - 1 (If applicable)

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NSITF NO - 2 (If applicable)

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.....
SURNAME MIDDLE NAME FIRST NAME

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

MARITAL STATUS: M ☐ S ☐ D ☐ W ☐ M - Married

S - Single

D - Divorced

W - Widow

PERMANENT HOME ADDRESS

.....
.....
.....
.....

CURRENT CONTACT/MAILING ADDRESS (traceable street address)

.....
.....
.....

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

LAST 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 CLAIMS (Please tick appropriately)

NORMAL RETIREMENT ☐ MEDICAL REASONS ☐ DISENGAGEMENT ☐

TERMS & CONDITIONS OF EMPLOYMENT

MODE OF WITHDRAWAL/BENEFIT OPTION (Please tick as appropriate):

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

BANK ACCOUNT DETAILS

BANK NAME:.....

BRANCH & ADDRESS:.....

ACCOUNT NAME:.....

ACCOUNT TYPE: CURRENT ☐ SAVINGS ☐ (please tick as appropriate)

ACCOUNT NO:

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SORT CODE:

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(please confirm your account number and or reactivate if dormant)

DECLARATION

I.....of.....
.....declare that the information provided above is to the best of my knowledge true and accurate and hereby agree to be liable for any liability resulting from the information given.

.....
Signature/date

.....
Right Thumb Print

.....
Left Thumb Print

Please see Document Required:

BENEFIT APPLICATION FORM CHECK LIST (RSA)

REQUIREMENTS FOR NORMAL RETIREMENT (PUBLIC/PRIVATE)

1. LETTER OF NOTIFICATION OF RETIREMENT BY THE EMPLOYEE (BOTH PUBLIC/PRIVATE)
2. LETTER OF NOTIFICATION OF RETIREMENT BY THE EMPLOYER STATING EFFECTIVE DATE OF RETIREMENT, CURRENT WORK LEVEL/GRADE AND REASONS FOR RETIREMENT (BOTH PUBLIC/PRIVATE)
3. COPIES OF LAST 3 MONTH'S PAYSLEIPS (BOTH PUBLIC/PRIVATE)
4. WHERE RETIREMENT IS IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF EMPLOYMENT, AN OFFICIAL DOCUMENT TO THAT EFFECT SHOULD BE PROVIDED (BOTH PUBLIC/PRIVATE)
5. 2 RECENT PASSPORT PHOTOGRAPHS (BOTH PUBLIC/PRIVATE)
6. DULY COMPLETED TRUSTFUND RETIREMENT BENEFIT APPLICATION FROM (PPBEN 01) (BOTH PUBLIC/PRIVATE)
7. BIRTH CERTIFICATE/DECLARATION OF AGE (BOTH PUBLIC/PRIVATE)
8. OFFICIAL CERTIFICATE FROM EMPLOYER THAT ACCRUED PENSION RIGHTS AND OUTSTANDINGS HAVE BEEN REMITED INTO RETIREE'S RSA FROM THE DATE OF FIRST APPOINTMENT TO DISENGAGEMENT ADDRESSED TO TRUSTFUND PENSIONS PLC (PRIVATE ONLY)
9. WHERE RETIREMENT IS ON MEDICAL GROUND, A DULY SIGNED REPORT TO THIS EFFECT BY A QUALIFIED PHYSICIAN SHOULD BE PROVIDED (BOTH PUBLIC/PRIVATE)
10. DECLARATION OF AGE (BOTH PUBLIC/PRIVATE)
11. RETIREE INDEMNITY FORM (PUBLIC ONLY)
12. MEANS OF IDENTIFICATION ((INTERNATIONAL PASSPORT, DRIVER'S LICENCE, NATIONAL ID CARD)
13. BANK CONFIRMATION LETTER

REQUIREMENTS FOR EMMIGRANT

1. LETTER OF INTRODUCTION FROM EMBASSY
2. PHOTOCOPY ON INTERNATIONAL PASSPORT (DATE PAGE)
3. OFFICIAL CERTIFICATION FROM EMPLOYER THAT ACCRUED PENSION RIGHTS AND OUTSTANDING HAVE BEEN REMITED INTO RETIREE'S RSA FROM THE DATE OF FIRST APPOINTMENT TO DISENGAGEMENT ADDRESSED TO TRUSTFUND PENSIONS PLC (PRIVATE ONLY)
4. 2 RECENT PASSPORT PHOTOGRAPHS
5. DULY COMPLETED TRUSTFUND'S RETIREMENT BENEFIT APPLICATION FORM (PP BEN 01)
6. APPLICATION LETTER FROM RETIREE

FOR OFFICE USE ONLY

1. Documentation Checklist: Complete ☐ Incomplete ☐
2. RSA Balance..... NSITF Balance.....
3. Value Of Retirement Bond/ Accrued Pension Right:.....
4. Total Consolidated Benefit
5. Expected Life Span (From Mortality Table):.....
6. Total Annual Remuneration:.....
7. Recommended: Lump Sum: Periodic:
8. Lump Sum Approved by PENCOM:.....
9. Balance for Programme Withdrawal Annuity:.....
10. Preferred Pension Payment Period: Monthly Quarterly Amount (Approved):.....
11. Processed By:.....(Name, sign & date)
12. Verified By:.....(Name, sign & date)
13. Approved By:.....(Name, sign & date)
14. Internal Control & Audit:(Name, sign & date)