

## Guidelines for Completing Redemption Form

Please read the guidelines carefully before completing this form. This will prevent delays in processing your redemption due to providing inaccurate information or submitting an incomplete form.

### **Biographical Data**

The name and SSNIT number you indicate on the form must be the same as what we have in our records. If you have changed your name or any other biodata, kindly provide us with a document supporting the change (e.g., gazette publication, an affidavit).

### **Redemption Details**

The name on the National ID that you submit must correspond with the name we have in our records. Please ensure that the expiration date on the National ID has not elapsed. We accept any of the following National IDs indicated in the categories below.

#### Category 1

- Passport
- Driver License
- National Identity Card

#### Category 2 (Include SSNIT ID card)

- Voter ID and SSNIT ID card
- NHIS Card and SSNIT ID Card

### **Redemption Requirements**

#### **Statutory Retirement**

- Any valid National ID for verification
- Retirement letter from your employer
- Birth Certificate will be required from individuals who do not have a retirement letter from their employer
- Unemployment Certificate

#### **Voluntary/Early Retirement**

- National ID card for verification of your identity
- Statutory declaration (affidavit) stating that you are no longer actively employed
- Retirement letter from your employer (if applicable)
- Birth Certificate will be required from individuals who do not have a retirement letter from their employer
- Unemployment Certificate

### **Employer Declaration**

Kindly attach an official letter (from the employer) with a pledge letter if the lien/loan balance is to be paid to the employer.

### **Payment**

A closed cheque will be issued in your name. Kindly note that the cheque must be deposited into your bank account. Typically, it takes 3 days for a cheque to clear.

# Redemption Form

The completed form should be endorsed to your employer (Section 8). Kindly send a scanned copy of the completed form together with your National ID indicated in Section 1 and all relevant documents to Star Pensions or deliver a hard copy to the Star Pensions office, (Platinum Place, 1<sup>st</sup> Floor Kanda Highway– Accra). If you have any questions or concerns, kindly call us at 030-395-7045 (Ext.1) or send an email to [clientservice@starpensionstrust.com](mailto:clientservice@starpensionstrust.com)

Please complete all the required fields (\*)

## 1. Biographical Data

Title	First Name*	Middle Name	Surname*		
<input type="text"/>	<input type="text"/>				
Date of Birth* (DD/MM/YYYY)	Gender		Nationality		
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<input type="text"/>		
SSNIT Number/Pensol ID*					
<input type="text"/>					
ID Type*	ID Number*	Date of issue*	Date of expiry*	TIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Name*					
<input type="text"/>					
E-mail Address					
<input type="text"/>					
Telephone Number*					
<input type="text"/>					

## 2. Redemption Details

A. Indicate the scheme you belong to\*

<input type="checkbox"/> Pensol Occupa. Pensions Scheme	<input type="checkbox"/> Pensol Provident Fund Scheme	<input type="checkbox"/> Personal pensions	<input type="checkbox"/> Hoda Provident Fund
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If you ticked the standalone scheme, please indicate the scheme name.

B. Type of withdrawal\* (Please select your reason for withdrawal by checking the applicable box).

<input type="checkbox"/> Ill-health	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Permanent Incapacity
<input type="checkbox"/> Statutory Retirement	<input type="checkbox"/> Early retirement	<input type="checkbox"/> Partial Withdrawal

Withdrawal amount GHS

## 3. Next of Kin

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>			
Mobile Number	Marital Status		Nationality	
<input type="text"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	<input type="text"/>	
Email Address	<input type="text"/>			Date of Birth* (DD/MM/YYYY)
<input type="text"/>				<input type="text"/>

## 4. Beneficiaries

i.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

ii.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

iii.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

iv.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

v.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

Percentages of benefits entered on the extra page are also added to get a total of 100% of benefits.

## 5. Bank Details

Name of Bank	<input type="text"/>
Account Name	<input type="text"/>
Bank Branch	<input type="text"/>
Account Number	<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"/>

## 6. Guardian / Nominee Details

I declare that I am the legally appointed nominee of the beneficiaries stated and certify that the information given in this application form is accurate and complete.

### Personal Details

First Name*	Middle Name	Surname*	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	<input type="text"/>	Email address*	<input type="text"/>
National ID Type*	<input type="text"/>	National ID Number*	<input type="text"/>

### Payment Details

Name of Bank	<input type="text"/>	Account Name	<input type="text"/>
Branch	<input type="text"/>	Account Number	<input type="text"/>
Signature/Thumbprint	<input type="text"/>	Date (DD/MM/YYYY)	<input type="text"/>

## 7. Employer Declaration

Does the employee have a loan/lien to be recovered from the employer/employee contribution? \* Yes  No  If yes, please specify loan/lien amount.

If yes, indicate which scheme the employee has a loan/lien.  Hoda Provident Fund  Personal Pensions

Confirmed date of employment\*

I am duly authorized to make this application on behalf of the organization and declare that the information supplied on this application form is true and correct at the date of signing and my organization will notify the trustee immediately if any of this information changes.

Full Name

Signature\* & Stamp

Phone Number

Date (DD/MM/YYYY)

## 8. Employee Declaration

- i.* I certify that the information given on this application form is accurate and complete. Star Pensions Trust may send communication about my account to the contact information provided on this form.
- ii.* I authorize Pensol Capital Trust to act on the instruction above and indemnify Star Pensions Trust of any further claim of liability (due to but limited to the loss of a closed cheque, or inaccurate information I may have entered).
- iii.* I elect to have my account updated with the details on this form.
- iv.* I have read and understood and agree with the contents of the scheme particulars.
- v.* I agree that Star Pensions shall accept no responsibility or liability for losses or damages that may arise because of the provision of inaccurate or incomplete information on the form.
- vi.* I understand that Pensol partners with companies within its group as well as other third parties to provide services to me and I consent for Pensol to share my data with the companies within its group as well as its third-party service providers.

Name

Signature\*

Date (DD/MM/YYYY) \*