



NATIONAL PENSION REGULATORY AUTHORITY

PORTING FORMS

SECTION 1 MEMBER DETAILS: (TO BE COMPLETED IN BLOCK LETTERS)

| | | |
|---------------|------------|--------------------------|
| SURNAME | FIRST NAME | OTHER NAMES |
| DATE OF BIRTH | TEL: | NAME OF CURRENT EMPLOYER |

SECTION 2: SCHEME DETAILS (Details of the scheme from which accrued benefits are to be transferred)

| | |
|-------------------------|------------------------|
| NAME OF TRUSTEE: | |
| NAME OF SCHEME: | MEMBERSHIP NO. |
| FIRST CONTRIBUTION DATE | LAST CONTRIBUTION DATE |
| TOTAL CONTRIBUTION | TOTAL ACCRUED INTEREST |
| NET ACCRUED BENEFIT | SCHEME TYPE: |

SECTION 3: TRANSFERS DETAILS (Details of the scheme to which accrued benefits are to be transferred)

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| NAME OF TRUSTEE: STAR PENSIONS TRUST LIMITED | |
| NAME OF SCHEME: PENSOL CAPITAL TRUST OCCUPATIONAL SCHEME | |
| SCHEME CUSTODIAN: REPUBLIC BANK GHANA | ACCOUNT NAME: PENSOL CAPITAL TRUST OCCUPATIONAL SCHEME |
| BRANCH: HEAD OFFICE | ACCOUNT NUMBER: 0024036838268 |

Contact person of Transferee Trustee to whom inquiries concerning transfer of funds should be addressed

| | |
|-------------------------|----------------|
| NAME OF CONTACT PERSON: | DESIGNATION |
| CONTACT NUMBER: | EMAIL ADDRESS: |

MEMBER DECLARATION

I,, a member of elect that all my accrued benefits be transferred to Star Pensions Trust. I declare that to the best of my knowledge, the information given herein is complete and accurate.

Signature: Date