

Metropolitan House, 81 Tabon Link, North Ridge Crescent, North Ridge, near DHL Ghana, PMB CT 456, Cantonments, Accra, Ghana T: +233 302 633933, E: pensions@metropolitangh.com

MEMBER ENROLLMENT FORM

MEMBER ENTE	RY					
I. Scheme Details						
Employer Name:						
Branch Name:				Schei	ne Type: Tier 2:	Tier 3:
2. Personal Details						
Member Surname:						
Member First Names:			Social	Security No.:		
Employee Number:						
Member Residential A	ddress:					
Member Postal Addre	ss:					
Telephone Number:			2			
Hometown:		Re	gion:			
Nationality:			Occupation:			
Marital Status: Mar	ried: Single:	Divorced: Separate		Other (specify):		
Date of Employment:		Y Y Email Addres				
B. Beneficiary Nom	ination					
S		First Names	Date of	Relationship to	Telephone	%
Surname		First Names	Birth	Member	Йo.	Share
I. Signature and Bi	omotric Dotails					
i, the undersigned r	iereby declare to the	best of my knowledge	and belief that, the a	above statements	are true and comp	lete.
Member Signature:		Date:		Employ	ver Signature	
		DDMMY	YYY			
Left Thumb	Right Thumb	Other Finger (Left)	Other Finger (Right)	Employ	ver Stamp	



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TRANSFER MANDATE FORM

COMPLETE THIS SECTION IF YOU HAVE ACCRUED TIER 2 OR TIER 3 FROM ANOTHER EMPLOYER

TRANSFER MANDATE

I.Transfer Details	
Previous Employer:	
Trustee of Previous Er	nployer:
Scheme Name:	
Contact Information:	Former Trustee Contact Person:
Scheme Type: Tier 2	2: Tier 3: Current Employer:
2. Personal Details	
Member Surname:	
Member First Names:	Social Security No.:
Reference Number:	Gender: FM Date of Birth: DDMMYYYY
Member Residential A	ddress:
Member Postal Addres	ss:
Telephone Number:	
Email Address:	
3. Receiving Schem Metropolitan Account	
Name of Bank:	
Account Number:	Branch:
4. Signature and De	eclaration
the new Pensions	struct and authorize Metropolitan Pensions Trust to collect all (100%) my accrued benefits in accordance with Act (Act 766) and also act on my behalf in all matters regarding my fund with you. This request covers to the day of resignation/separation from my previous employer plus accrued interest for the period.
I understand that m Trust.	ny accrued benefits amount shall be processed and credited to my Pensions Account with Metropolitan Pensions
This authorization i	is valid until further written notice from me.
Member Signature:	Date: