



TRANSFER MANDATE FORM

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

TRANSFER MANDATE

1. Transfer Details

Previous Employer:

Trustee of Previous Employer:

Scheme Name:

Contact Information: Former Trustee Contact Person:

Scheme Type: Tier 2: Tier 3: Current Employer:

2. Personal Details

Member Surname:

Member First Names: Social Security No.:

Reference Number: Gender: F M Date of Birth:

Member Residential Address:

Member Postal Address:

Telephone Number: 1 2

Email Address:

3. Receiving Scheme Details

Metropolitan Account Name:

Name of Bank:

Account Number: Branch:

4. Signature and Declaration

I hereby request, instruct and authorize Metropolitan Pensions Trust to collect all (100%) my accrued benefits in accordance with the new Pensions Act (Act 766) and also act on my behalf in all matters regarding my fund with you. This request covers contributions made to the day of resignation/separation from my previous employer plus accrued interest for the period.

I understand that my accrued benefits amount shall be processed and credited to my Pensions Account with Metropolitan Pensions Trust.

This authorization is valid until further written notice from me.

Member Signature:

Date:

N.B: Please attach a National I.D