



WITHDRAWAL FORM (PERSONAL PENSION)

MEMBER NAME :		MEMBER #:	SSNIT #:
E-MAIL ADDRESS:		TEL #:	
ID TYPE:		ID:	
SCHEME	<input type="checkbox"/> AXIS PENSION PLAN		

WITHDRAWAL DETAILS:

REASON FOR WITHDRAWING	<input type="checkbox"/> TO MEET URGENT NEED <input type="checkbox"/> RETIREMENT <input type="checkbox"/> EMIGRATION FROM GHANA <input type="checkbox"/> MEDICAL <input type="checkbox"/> TRANSFER TO ANOTHER SCHEME		
ACCOUNT:	<input type="checkbox"/> MEMBER (RETIREMENT) ACCOUNT	<input type="checkbox"/> AVC (SAVINGS) ACCOUNT	
AMOUNT	<input type="checkbox"/> Partial Withdrawal <input type="checkbox"/> Full Withdrawal	<input type="checkbox"/> Partial Withdrawal <input type="checkbox"/> Full Withdrawal	
	GHC	GHC	

CONTINUE WITH MY DEBIT ORDER: Yes No Other.....

BANKING DETAILS:

BANK:	BRANCH:	ACCOUNT NAME:
SWIFT CODE:		ACCOUNT #:

DECLARATION
 I certify that to the best of my knowledge and belief, the statements made in this form are correct and complete. I agree that I should be charged the appropriate penalty if my account falls short of the prescribed holding period. Accordingly, I authorize Axis Pension Trust to charge 5% of the amount I withdraw from the Savings sub-Account, if my account is less than 3 years old or 3% if my account is more than 3 but less than 5 years old. For the Retirement sub-Account, I authorize Axis Pension Trust to charge 10% of the amount withdrawn if my account is less than 5 years old or 5% of the withdrawn amount if my account is more than 5 years old but less than 10 years. I authorize Axis Pension Trust to act on this instruction and pay my benefits to the bank account details given above.

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MEMBER SIGNATURE DATE

OFFICE USE ONLY:

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VERIFIED BY SIGNATURE DATE

*KINDLY ATTACH A COPY OF A VALID ID CARD