

## **HEDGE PENSIONS TRUST**

## **APPLICATION FORM**

The completed form may be forwarded to the <code>hedgepensionsform@gmail.com</code> or delivered to the Hedge Pensions Trust Building, Ministries. Box M336 Accra. Contact us on 050 564 7938 / 030 263 1581 /3/4 to inquire about our Pension Scheme.

PHOTO HERE

NAME OF SCHEME	PEN	1PAMS	SIE FUN	ND																		
TYPE OF SCHEME	TIEF	R 3																				
SURNAME																						
FIRST NAME																						
OTHER NAMES																						
PREVIOUS/MAIDEN NAM	E																					
DATE OF BIRTH (DD MM	YYYY)								STAF	F ID												
GENDER									SSNI	T NO												
MARITAL STATUS									NATI	ONALI <sup>*</sup>	TY											
PLACE OF BIRTH									DIST	RICT												
REGION									COU	NTRY												
RESIDENTIAL ADDRESS																						
MAILING ADDRESS																						
FIXED LINE NO									МОВ	ILE NC	).											
EMAIL ADDRESS																						
TYPE OF ID. PASSPORT	$\bigcirc$	VOT	ERS		DRI	VERS	NA	T ID			ID N	NO.										
FATHER'S NAME																						
FATHER'S ADDRESS																						
MOTHER'S NAME																						
MOTHER'S ADDRESS																						
EMPLOYMENT NAME																						
EMPLOYMENT CODE																						
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MANDATE NO.																						
NATURE OF INCOME																						
CONTRIBUTION (MULTIPL MINIMUM OF GHC30	ES OF	GHC1	0)	30		40	50		60		70		80		90		100		отні	ERS		
PREV. EMPLOYER NAME																						
PREV. SCHEME NAME																						
PREV. SCHEME NUMBER																						
PREV. TRUSTEE NAME																						

NOTE: All GOG Employees Should Attach Their Mandate Form.

## Death & Survivor's Benefit Nomination

I hereby Nominate the Person(s) below as my Beneficiary to receive Death and Survival Benefit in the event of my Death.

	Name of Beneficiary	Date of Birth	Relationship	Beneficiary Address	Percentage Allocation (Total = 100%)
1		#	#	#	#
1		#	#	#	#
1		#	#	#	#
2		#	#	#	#
2		#	#	#	#
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OTHER PRINTS WHE		OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS	
INDICATE WHIC	CH FINGER	INDICATE WHICH FINGER	
:			
ATURE OR MARK OF CONTRIBUTOR:		(MARK)	
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