



HEDGE PENSIONS TRUST

Application Form

The completed form may be forwarded to hedgepensionsform@gmail.com or delivered to Hedge Pensions Trust, CLOGSAG Building, Box M336 Accra- Ministries. Contact us on 0505647938 / 0302631581/3/4 to inquire about our Pension Schemes.

PHOTO
HERE

NAME OF SCHEME #	HEDGE MASTER TRUST OCCUPATIONAL PENSION SCHEME																							
TYPE OF SCHEME #	TIER 2 SCHEME																							
SURNAME #																								
FIRST NAME #																								
OTHER NAMES #																								
PREVIOUS/MAIDEN NAME #																								
DATE OF BIRTH (dd mm yyyy) #												# STAFF ID #												
GENDER #												# SSNIT NO #												
MARITAL STATUS #												# NATIONALITY #												
PLACE OF BIRTH #												# DISTRICT #												
REGION #												# COUNTRY #												
RESIDENTIAL ADDRESS #																								
MAILING ADDRESS #																								
FIXED LINE NO #												# MOBILE NO #												
EMAIL ADDRESS #																								
TYPE OF ID #	Passport	<input type="radio"/>	Voters	<input type="radio"/>	Drivers	<input type="radio"/>	Nat ID	<input type="radio"/>	ID NO. #															
FATHER'S NAME #																								
FATHER'S ADDRESS #																								
MOTHER'S NAME #																								
MOTHER'S ADDRESS #																								
EMPLOYER NAME #																								
EMPLOYER CODE #																								
EMPLOYER TEL.. NO. #												# EMPLOYMENT TYPE #			# CAGD #	<input type="radio"/>	# I G F #			<input type="radio"/>	# Others #			<input type="radio"/>
MONTHLY BASIC SALARY #												# NATURE OF INCOME #												
ANNUAL BASIC SALARY #												# 5% CONTRIBUTION #												
PREV. EMPLOYER NAME #												# PREV. EMPLOYER NO #												
PREV. SCHEME NAME #																								
PREV. SCHEME NUMBER #																								
PREV. TRUSTEE NAME #																								

Death & Survivor's Benefit Nomination

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

Name of Beneficiary	Date of Birth	Relationship	Beneficiary Address	Percentage Allocation (Total = 100%)
1#	#	#	#	#
1#	#	#	#	#
1#	#	#	#	#
2#	#	#	#	#
2#	#	#	#	#
2#	#	#	#	#
3#	#	#	#	#
3#	#	#	#	#
3#	#	#	#	#
4#	#	#	#	#
4#	#	#	#	#
4#	#	#	#	#
5#	#	#	#	#
5#	#	#	#	#
5#	#	#	#	#
6#	#	#	#	#
6#	#	#	#	#
6#	#	#	#	#
7#	#	#	#	#
7#	#	#	#	#
7#	#	#	#	#
8#	#	#	#	#
8#	#	#	#	#
8#	#	#	#	#
9#	#	#	#	#
9#	#	#	#	#
9#	#	#	#	#

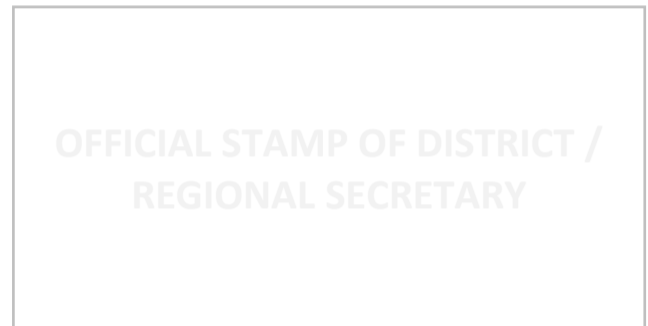
OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS	OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS
INDICATE WHICH FINGER	INDICATE WHICH FINGER

DATE: / /

SIGNATURE OR MARK OF CONTRIBUTOR:..... (MARK)

DECLARATION BY ENROLLMENT OFFICER (DISTRICT / REGIONAL SECRETARIES)

I Certify that this Contributor Enrollment Form was completed in my presence and under my supervision and that information herein contained is Certified to be Accurate and True.



.....
NAME OF ENROLLMENT OFFICER

.....
SIGNATURE

(OFFICIAL USE ONLY)

DECLARATION BY ENROLLMENT OFFICER - HEDGE PENSIONS TRUST

I Certify that this Contributor Enrollment Form was completed and duly verified under the supervision of the District / Regional Secretary and that information herein contained is Certified to be Accurate and True.



.....
NAME OF SCHEME ACCOUNT MANAGER

.....
SIGNATURE

SCHEME NO. _____