

Guidelines For Completing Post Retirement Redemption Form

Please read through the guidelines carefully before completing this form. This will prevent delays in processing your redemption as a result of providing inaccurate information or submitting an incomplete form.

Biographical Data

The name and SSNIT number that you indicate on the form must be the same as what we have in our records. If you have changed your name or any other bio-data, kindly provide us with a document supporting the change (e.g. gazette publication, a sworn affidavit).

Redemption Details

The name on the National ID that you submit must correspond with the name we have in our records. Please ensure that the expiration date on the National ID has not elapsed. We accept any of the following National IDs indicated in the categories below.

Category 1

- Passport
- Driver Licence
- National Identity Card

Category 2 (Include SSNIT ID Card)

- Voter ID and SSNIT ID Card
- NHIS Card and SSNIT ID Card

Redemption Requirements

Statutory Retirement

- Any valid National ID for verification
- Retirement letter from your employer
- Birth Certificate will be required from individuals who do not have a retirement letter from their employer
- Unemployment Certificate

Voluntary/Early Retirement

- National ID card for verification of your identity
- Statutory declaration (affidavit) stating that you are no longer actively employed
- Retirement letter from your employer (if applicable)
- Birth Certificate will be required from individuals who do not have a retirement letter from their employer
- Unemployment Certificate

Employer Declaration

Kindly attach an official letter (from the employer) together with a pledge letter if lien/loan balance is to be paid to the employer

Payment

A closed cheque will be issued in your name. Kindly note that the cheque must be deposited into your bank account. Typically, it takes 3 days for a cheque to clear.

Post Retirement Fund Redemption Form

The completed form should be presented to your employer for endorsement (Section 8). Kindly send a scanned copy of the completed form together with your National ID indicated in Section 1 and all relevant documents to customerservice@petraonline.com or deliver a hard copy to the Petra office, (113, Airport West, Dzorzulu – Accra. If you have any questions or concerns, kindly call us on 024 243 5037 (Ext. 1) or send an email to customerservice@petraonline.com

Please complete all the required fields (*)

1. Biographical Data ▼

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth* (DD/MM/YYYY)	Gender		Nationality	
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>		<input type="text"/>	
Social Security Number/Petra ID*				
<input type="text"/>				
ID Type*	ID Number*	Date of issue*	Date of expiry*	TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name*				
<input type="text"/>				
E-mail Address				
<input type="text"/>				
Telephone Number*				
<input type="text"/>				

2. Redemption Details ▼

A. Indicate the scheme you belong to*

<input type="checkbox"/> Petra Opportunity Pensions Scheme	<input type="checkbox"/> Petra Advantage Pensions Scheme	<input type="checkbox"/> Savings Booster	<input type="checkbox"/> Standalone Schemes
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If you ticked standalone scheme, please indicate the scheme name

B. Reason for withdrawal* (Please select your reason for withdrawal by checking the applicable box).

C. What percentage of your benefit should be paid as lump sum? % Frequency of withdrawal Monthly Quaterly

D. What percentage of yours should be invested in the Mutual Fund? %

<input type="checkbox"/> Statutory Retirement	<input type="checkbox"/> Early retirement
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Withdrawal amount GHS

3. Next of Kin ▼

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile Number	Marital Status		Nationality	
<input type="text"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>		<input type="text"/>	
Email Address			Date of Birth* (DD/MM/YYYY)	
<input type="text"/>			<input type="text"/>	

4. Beneficiaries ▼

i.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

ii.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

iii.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

iv.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

v.

Title	First Name*	Middle Name	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	ID Number	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Contact Information			
<input type="text"/>	<input type="text"/>			

Percentage of benefits entered on the extra page are also added to get total 100% of benefits.

5. Bank Details ▼

Name of Bank	<input type="text"/>
Account Name	<input type="text"/>
Bank Branch	<input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6. Guardian / Nominee Details ▼

I declare that I am the legally appointed nominee of the beneficiary stated and certify that the information given in this application forms accurate and complete

Personal Details

First Name*	Middle Name	Surname*	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Email address*		
<input type="text"/>	<input type="text"/>		
National ID Type*	National ID Number*		
<input type="text"/>	<input type="text"/>		

Payment Details

Name of Bank	Account Name
<input type="text"/>	<input type="text"/>
Branch	Account Number
<input type="text"/>	<input type="text"/>
Signature/Thumbprint	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

7. Employer Declaration ▼

Does the employee have a loan/lien to be recovered from employer/employee contribution?*

Yes No

If yes, please specify loan/lien amount

If yes, indicate which scheme the employee has a loan/lien

Petra Opportunity Pensions Scheme Savings Booster

Confirmed date of employment*

I am duly authorized to make this application on behalf of the organization and declare that the information supplied on this application form is true and correct at the date of signing and my organization will notify the trustee immediately if any of this information changes.

Full Name

Signature* & Stamp

Phone Number

Date (DD/MM/YYYY)

8. Employee Declaration ▼

- I certify that the information given on this application form is accurate and complete. Petra trust may send communication about my account to the contact information provided on this form.*
- I authorize Petra Trust to act on the instruction above and indemnify Petra Trust of any further claim of liability (due to but limited to the loss of a closed cheque, or wrong information I may have entered).*
- I elect to have my account updated with the details on this form.*
- I have read and understood and agree with the contents of the scheme particulars. I apply for allotment/purchase of units in the Mutual Fund and agree to abide by the terms and conditions applicable hereto. I declare that the information given in the application is correct, complete and truly stated.*
- I agree that Petra shall accept no responsibility or liability for losses or damages that may arise as a result of the provision of inaccurate or incomplete information on the form.*
- I understand that Petra partners with companies within its group as well as other third parties to provide services to me and I consent for Petra to share my data with the companies within its group as well as its third party service providers.*

Name

Signature*

Date (DD/MM/YYYY)*