

# PENSIONS ALLIANCE TRUST LIMITED

## PENADOPT MEMBER INFORMATION FORM



**INSTRUCTIONS:**

PLEASE FILL IN **BLOCK LETTERS** AND RETURN A HARD COPY TO PENSIONS ALLIANCE TRUST OFFICE OR A SCANNED COPY TO [CLIENTSERVICE@PENSIONSALLIANCE TRUST.COM](mailto:CLIENTSERVICE@PENSIONSALLIANCE TRUST.COM) ALONG WITH ALL NECESSARY DOCUMENTS.

<b>TYPE OF ACCOUNT</b>	KIDDY ACCOUNT <input type="checkbox"/> HERITAGE ACCOUNT <input type="checkbox"/>		
<b>SPONSOR'S NAME</b>			
<b>SPONSOR'S DETAILS</b>	DATE OF BIRTH [DD/MM/YYYY]	PERMANENT ADDRESS	GENDER
	E-MAIL ADDRESS	MOBILE NUMBER	LANDLINE
	PERSONAL ID NUMBER NATIONAL IDENTITY CARD	DATE OF CARD ISSUANCE [DD/MM/YYYY]	DATE OF CARD EXPIRY [DD/MM/YYYY]
<b>BENEFICIARY'S NAME</b>			
<b>BENEFICIARY PERSONAL DETAILS</b>	DATE OF BIRTH [DD/MM/YYYY]	RESIDENTIAL ADDRESS	GENDER
	NATIONALITY	RELATIONSHIP TO GRANTOR	RESIDENTIAL ADDRESS
<b>CONTRIBUTION DETAILS</b>	INDICATE MODE OF CONTRIBUTION [TICK BOX] BANK DEPOSIT <input type="checkbox"/> STANDING ORDER <input type="checkbox"/> DIRECT DEBIT <input type="checkbox"/>		AMOUNT (GHC)
	INDICATE MODE OF CONTRIBUTION [TICK BOX] MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ONE-TIME LUMP SUM <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
<b>NEXT OF KIN</b>	FULL NAME		
	PERMANENT ADDRESS		CONTACT

**DECLARATION:**

I DECLARE AND CERTIFY THAT:-

- 1) THE FACTS HEREIN STATED ARE ACCURATE AND TRUE;
- 2) PENSIONS ALLIANCE TRUST LIMITED WILL NOT BE HELD LIABLE FOR THE USAGE OF THE INFORMATION PROVIDED ON THIS FORM FOR ITS INTENDED PURPOSE.

DATE [DD/MM/YYYY]: .....

GRANTOR SIGNATURE: .....

<b>FOR PENSIONS ALLIANCE TRUST</b>	<i>DATE RECEIVED</i>	<i>DATE ENTERED</i>
	<i>RECEIVING OFFICER NAME AND SIGNATURE</i>	<i>ENTRY OFFICER NAME AND SIGNATURE</i>