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			(1 211				
MEMBER NAME :				MEMBER #:		SSNIT #:	
E-MAIL ADDRESS:				TEL #:	'EL #:		
ID TYPE:				ID:	D:		
SCHEME AXIS PENSION PLAN							
WITHDRAWAL DETAILS:							
TO MEET URGENT NEED RETIREMENT EMIGRATION FROM GHANA MEDICAL TRANSFER TO ANOTHER SCHEME						FROM GHANA	
MEMBER (RETIREMENT) ACCOUNT				AVC (S	□ AVC (SAVINGS) ACCOUNT		
🗌 Partial	Withdrav	al 🛛 Full Withdrawal		🗌 Partial W	Partial Withdrawal 🛛 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 For the Retirement sub-Account, I authorize Axis Pension Trust to charge 10% of the amount withdrawn if my account is less than 5 years old or 5% of the withdrawn amount if my account is more than 5 years. I authorize Axis Pension Trust to act on this instruction and pay my benefits to the bank account details given above.							
					_	АТЕ	
OFFICE USE ONLY:							
VERIFIED BY SIGNATURE *KINDLY ATTACH A COPY OF A VALID ID CARD							
	ETAILS: TO ME MEDIO MEMB Partial GHC MY DEBIT O S: BRAN e best of m the approt to charge nt is more e amount w old but less ils given ab	ETAILS: TO MEET URGE MEDICAL MEMBER (RETI Partial Withdraw GHc MY DEBIT ORDER: S: BRANCH: BRANCH: e best of my knowled t to charge 5% of th nt is more than 3 bu e amount withdrawn old but less than 10 ils given above. TURE 7:	AXIS PENSION ETAILS:	ION TRUST (PER (PER) (PIC) AXIS PENSION PLAN ETAILS: AXIS PENSION PLAN ETAILS: TO MEET URGENT NEED MEDICAL MEMBER (RETIREMENT) ACCOUNT Partial Withdrawal GHc MY DEBIT ORDER: Yes BRANCH: ACCOUNT NAME ACCOUNT #: e best of my knowledge and belief, the statements re the appropriate penalty if my account falls short of to charge 5% of the amount I withdraw from the S nt is more than 3 but less than 5 years old. For the I e amount withdrawn if my account is less than 5 years old but less than 10 years. I authorize Axis Pension ils given above. SIGNATION AND AND AND AND AND AND AND AND AND AN	ION TRUST (PERSONAL ION TRUST MEMBER #: Image: MEMBER #: TEL #: Image: Image	MEMBER #: TEL #: ID: AXIS PENSION PLAN ETAILS: O MEDICAL MEMBER (RETIREMENT NEED Partial Withdrawal Partial Withdrawal Partial Withdrawal GHc GHc	