FIRST MERIT TIER 3 FUND

No. 18 Dzorwulu Crescent, Dzorwulu Accra, Ghana
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FIRST MERIT TRUST
They say "Pensions" but we call it "Legacy"

MEMBERSHIP REGISTRATION FORM (CAGD)

SECTION 1: (PLEASE COMPLETE THE SECTIONS BELOW)

NAME OF INSTITUTION: _____

REGION / DISTRICT: _____

DATE OF EMPLOYMENT: D D M M Y Y Y Y DATE OF FIRST DEDUCTION: D D M M Y Y Y Y

SECTION 2: PERSONAL DETAILS

NAME (SURNAME FIRST): _____

GENDER: M F DATE OF BIRTH: D D M M Y Y Y Y

GPS/RESIDENTIAL ADDRESS.: _____

CURRENT STAFF NO.: RANK: _____

GHANA CARD NO.: EMAIL: _____

SOCIAL SECURITY NUMBER NO.: TEL No.: _____

BASIC/SINGLE SPINE SALARY (GH¢): _____ **CONTRIBUTION RATE (%)** : _____

NEXT OF KIN (EMERGENCYCONTACT PERSON - MUST BE ABOVE 18YEARS)		
NAME:	RELATIONSHIP:	CONTACT NUMBER:

SECTION 3: BENEFICIARIES (IN EVENT OF MY DEATH, ANY BENEFITS ACCRUING TO ME UNDER THE FUND SHALL BE PAID TO MY BENEFICIARIES AS INDICATED BELOW)

NAME OF BENEFICIARY	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP	CONTACT NUMBER	PERCENTAGE ALLOCATION
TOTAL (100%)				

DECLARATION BY CONTRIBUTOR

I ..... of ..... certify that the contents of the membership enrolment form are accurate and that I have agreed for the above Percentage to be deducted monthly from my salary in respect of the **Merit Ahomgyae Pa Scheme** (Tier 3 Personal Pension Scheme).

Signature: _____ Date: _____

NB: Please use your Payslip to assist you complete the form & attach a copy of your Ghana Card ID