FIRST MERIT PERSONAL PENSION SCHEME (TIER 3)
MEMBERSHIP ENROLLMENT FORM

NOTE: ALL INFORMATION SHOULD BE WRITTEN LEGIBLY AND BOLDLY IN CAPITAL LETTERS

Head Office, No.18 Dzorwulu Cresent Dzorwulu, Accra **Tel:** 0303 972 082 / 0509240841
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FIRST MERIT TRUST
They say "Pensions" but we call it "Legacy"

PASSPORT PHOTO

CONTRIBUTER'S NUMBER | **GROUP NUMBER**

ACCOUNT TYPE: ☐ **GROUP** ☐ **INDIVIDUAL**

CONTRIBUTOR'S NAME	**Surname**	**First Name**		**Other Name(s)**
DATE OF BIRTH (DD/MM/YYYY)	**SEX** (Please tick) M F	**NATIONALITY**	**ID TYPE / NUMBER:**	
HOMETOWN	REGION	MOTHER'S NAME	FATHER'S NAME	
CONTACT DETAILS POSTAL ADDRESS:	RESIDENTIAL:	MOBILE PHONE NO.:	E-MAIL ADDRESS:	
ID TYPE	ID NUMBER	MONTHLY CONTRIBUTION	SSNIT NO.:	
ACCOUNT / GROUP NAME		GROUP ADDRESS:		
NEXT OF KIN	RELATIONSHIP	DATE OF BIRTH (DD/MM/YYYY)	CONTACT:	

BENEFICIARY(S) NOMINATION

NO.	NAME OF BENEFICIARY(S)	ID TYPE /No.	DATE OF BIRTH	RELATIONSHIP	PERMANENT ADDRESS / CONTACT	(%)
		ID TYPE ID No.			PERMANENT ADDRESS CONTACT	
					TOTAL	**100%**

NB: *If beneficiaries are more than 3, please write their details behind the form*

FINGER PRINTS	
LEFT THUMB PRINT	**RIGHT THUMB PRINT**

DECLARATION BY CONTRIBUTOR

I declare and certify that:
1. The facts herein stated are accurate and true
2. I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration for any false declaration herein or hereafter made to the scheme

SIGNATURE:..... DATE:.....

FOR OFFICIAL USE ONLY

I certify that this form was filled in my presence by the above contributor.

....

NAME OF ENROLLMENT OFFICER SIGNATURE

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Note: Certificate will be issued after first payment.