



MERIT OCCUPATIONAL PENSION SCHEME (TIER 2) MEMBERSHIP ENROLLMENT FORM

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

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FIRST MERIT TRUST

They say "Pensions" but we call it "Legacy"



CONTRIBUTER'S NUMBER

CONTRIBUTOR'S NAME		Surname		First Name		Other Name(s)	
DATE OF BIRTH (DD/MM/YYYY)		SEX (Please tick)		NATIONALITY		ID TYPE / NUMBER:	
<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F					
HOMETOWN		REGION		MOTHER'S NAME		FATHER'S NAME	
CONTACT DETAILS		POSTAL ADDRESS:		RESIDENTIAL:		MOBILE PHONE NO.:	
						E-MAIL ADDRESS:	
BASIC SALARY		MONTHLY CONTRIBUTION		SSNIT NO.:			
EMPLOYER'S NAME		EMPLOYER'S ADDRESS:					
NAME OF PREVIOUS TRUSTEE		PREVIOUS SCHEME ID					
NEXT OF KIN		RELATIONSHIP		DATE OF BIRTH (DD/MM/YYYY)		CONTACT	
				<input type="text"/>			

BENEFICIARY(S) NOMINATION

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

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

FINGER PRINTS	
<input type="text"/>	<input type="text"/>
LEFT THUMB PRINT	RIGHT THUMB PRINT

DECLARATION BY CONTRIBUTOR

I declare and certify that:

1. I am not a member of any other similar scheme
2. The facts herein stated are accurate and true
3. 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.