

BENEFIT APPLICATION FORM

1. ACCOUNT HOLDER'S PARTICULARS

Surname

First Name

Middle Name

D.O.B (dd/mm/yyyy)

PIN

Sex (M/F)

Marital Status

Permanent Home
Address: _____

House Tel. Number

Mobile Tel Number

2. CURRENT EMPLOYMENT DETAILS

Employer's Name
and Address _____

Employment Date _____

Retirement Date _____

3. BENEFIT APPLICATION TYPE (Please tick as appropriate)

25%

Enbloc

PWD

Annuity

AVC

Death Benefit

Additional Benefit

State Refund

Pre-Act

4. ATTESTATION

Applications will **ONLY** be processed if **ALL** the required documents are included. If any document is missing, the application will be considered **INCOMPLETE** and **NOT ACCEPTED** until the document(s) has/have been provided. Please refer to the attached document checklist applicable to your benefit application type.

I confirm that the information provided by me above is true and correct and hereby indemnify VERITAS GLANVILLS PENSIONS LIMITED ("VGP"), its officers and privies from any liability whatsoever arising out of untrue information provided in this application. I further authorize VGP to update the RSA details stated above with any of my information so provided.

Signature -----

Date -----