**NPRA/FM/PF/PE/01/14**

**NATIONAL PENSIONS REGULATORY AUTHORITY**



**PARTICIPATING EMPLOYEE REQUEST FOR FUNDS TRANSFER FORM**

**(PORTING FORM)**

**INSTRUCTIONS:**

1. *This Form should be used when a participating employee wishes to transfer his/her accrued benefits to another registered scheme. Upon completion of this Form, a participating employee should give this Form to the Transferee TrusteeNOTE 1.*
2. *Please read the Explanatory Notes on the last page (Page* ***3*** *of 3)* ***carefully before completing this Form****.*
3. *Please use BLOCK LETTERS for completion of this Form.*
4. *Please write “N/A” if not applicable.*
5. *\* means cancel or cross-out whichever option is inappropriate (e.g. I / we \*).*
6. *The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority (“the Authority”) in activities relating to the processing of the transfer and may be disclosed to other parties for such purposes.*
7. *If necessary, you may seek assistance from the Approved Trustee of the scheme concerned or the Authority.*

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| **SECTION I – DETAILS OF THE PARTICIPATING EMPLOYEE** | | | |
| **Name of the Participating Employee** |  | | |
| **Name of Former Employer** |  | | |
| **Scheme Certificate No. NOTE 2** | LEAVE BLANK | **Employer Enrollment No. NOTE 3** | LEAVE BLANK |
| **SSNIT Employee Registration No.:** |  | **Fixed Line No.** |  |
| **Mobile No.:** |  | **Email** |  |
| **Correspondence Address:** |  | | |

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| **SECTION II - FUND TRANSFER INFORMATION** | | | |
| 1. **Details of the Scheme from which Accrued Benefits** **Note 4 are to be transferred** | | | |
| **Name of the Trustee** | PENTRUST LIMITED | | |
| **Name of the Scheme** | PENTRUST TIER 2 MTOPS | **Type of Scheme** | **TIER 2** |
| 1. **I elect to have the accrued benefits of my Pension Assets transferred to the following registered Scheme:** | | | |
| **Name of the Trustee** |  | | |
| **Name of the Scheme** |  | **Type of Scheme** |  |
| **Scheme Custodian** |  | **Branch Name** |  |
| **Account Name** |  | **Account No.** |  |
| ***Contact Person of Trustee to which enquiries should be addressed concerning transfer of funds to the scheme.*** | | | |
| **Name of Contact Person** | **GEORGINA EYESON** | **Designation** | LEAD, CLIENT SERVICES |
| **Email** | **geeyeson@pentrustgh.com** | **Mobile No.** | 0501328771 |

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| **SECTION III – PARTICIPATING EMPLOYER’S DECLARATION** |

**I / We\* declare that to the best of my/our\* knowledge and belief, the information given above is correct and complete.**

**Signature of Participating Employee Date** *(DD/MM/YYYY)*

***Explanatory Notes on Participating Employee’s Request for Funds Transfer Form***

1. A **Transferee Trustee** means the approved trustee of the registered scheme to which the accrued benefits of a member of another registered scheme are to be transferred in accordance with an election.
2. The **Scheme Certificate Number** is the number printed on the participation certificate issued by the Authority (NPRA) to the participating employer.
3. The **Employer Enrollment Number** is the unique number issued by the Trustees of a Master Trust Scheme to record an employer’s participation in the Scheme.
4. The **Accrued Benefits** confine to the accrued benefits held in the contribution account(s) in the scheme in respect of the employee’s employment and membership.