

Employee Application Form



You are signing on to your employer's Pension Scheme(s).

Please complete all applicable sections of this form in BLOCK LETTERS and send a scanned copy of the completed form to customerservice@petratrust.com or deliver a hard copy to the Petra Trust office - **113, Airport West, Dzorwulu, Accra**. Alternatively, you can submit the completed form to the officer in charge of pensions in your institution. This form will be considered incomplete until signed by the applicant.

1. Pension Plan

Check Plan Type Petra Advantage Pension Scheme (Tier 2) Petra Opportunity Pension Scheme (Tier 3) Petra Plus Scheme (Tier 4)

2. Personal Details

Title First Name Middle Name Last Name

Date of Birth (DD/MM/YYYY) Social Security Number Passport Picture

Nationality Marital Status

ID Type ID Number

Occupation Employer Name

Male Female

Residential Address

City / Town Region

Mailing Address (If different from residential address)

Mobile Number Telephone Number

Primary Email Address

Secondary Email Address

3. Beneficiaries

Complete this section to name the beneficiaries to your funds in the scheme(s). Total benefits should add up to a **100%**.

First Name	Middle Name	Last Name	Relationship	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

First Name	Middle Name	Last Name	Relationship	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

First Name	Middle Name	Last Name	Relationship	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Additional beneficiaries may be included on the **Optional Additional Form** provided. the total of the percentage of benefits indicated on this form and the optional additional form (if applicable) should add up to a **100%**

Total % of Benefits

4. Declaration

- I agree to be bound by the terms of the Petra Advantage Pension Scheme and/or the Petra Opportunity Pension Scheme Trust Deed(s) and the governing rules as may be amended by the Trustee from time to time.
- I declare that the information I have given in this application form is accurate and complete at the date of signing and shall notify Petra Trust immediately if any of this information changes.

Signature Date (DD/MM/YYYY)

