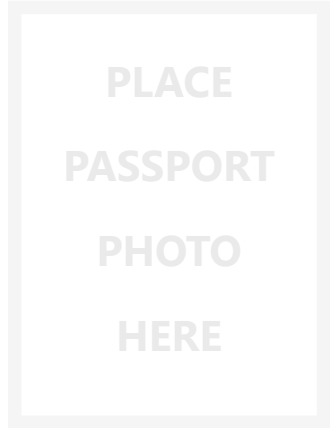


Application Form

The completed form may be forwarded to customerservice@petratrust.com or delivered to Petra Trust at 113 Airport West. Call Petra Trust on 0242435037/0302763908 to inquire about Savings Booster.



1 Biographical Data

Title Mr Mrs Miss Ms Dr Other title

Gender Male Female

First Name

Middle Name(s)

Surname

Date of Birth / /

(Kindly attach copy of identification type)

SSNIT Number

Identification Type

Staff ID Number *If Available:*

Identification Number

Marital Status Married Single

Nationality

Mobile Number 1 *Required:*

Mobile Number 2

Residential Address

Area

Region

Postal Address

Primary Email Address

Secondary Email Address

2 Contribution Data¹

Monthly contribution amount GHS
(if applicable)

Lump sum deposit amount GHS
(if applicable)

3 Bank Account Information

Account name must be the same as applicant name

Name of Bank

Bank Branch

Account Number

Please circle the numbers that correspond to your account number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

SP Code:

4 Employer Details²

Employer

Employer Address

¹ Pre-tax contributions in excess of 16.5% of your monthly income into registered tier 3 schemes may be subject to income tax

² Required for payroll deductions

Contact details for employer payroll department

Full Name

Designation

Phone Number 1 Ext. No.: Phone Number 2 Ext. No.:

Email Address

5 Beneficiaries

i

First Name Middle Name Last Name

Relationship ID Number ID Type Date of Birth % of Benefits

ii

First Name Middle Name Last Name

Relationship ID Number ID Type Date of Birth % of Benefits

iii

First Name Middle Name Last Name

Relationship ID Number ID Type Date of Birth % of Benefits

iv

First Name Middle Name Last Name

Relationship ID Number ID Type Date of Birth % of Benefits

Percentage of benefits entered on the extra page are also added to get total % of Benefits.

6 Declaration

- i. I duly mandate my employer to deduct and make pre-tax and post-tax contributions on my behalf into the Savings Booster Plan account upon receipt of a copy of this form from Petra Trust Company Ltd. as required by the National Pension Act, 2008 Act 766 Section 115.
- ii. I agree to be bound by the terms of the Petra Opportunity Pension Scheme trust deed and governing rules as may be amended by the trustee from time to time.
- iii. I declare that the information I have given in this application form is complete and accurate at the date of signing and would notify Petra immediately if any of this information changes.

Signature

Print name

Date / /