



VANGUARD LIFE ASSURANCE COMPANY LTD
EMPLOYEE BENEFITS CLAIM FORM
THIS IS AN AUTHORITY TO PAY CLAIM

A. THIS SECTION MUST ALWAYS BE COMPLETED

NAME OF THE EMPLOYER:

FULL NAME OF EMPLOYEE

DATE OF BIRTH: MARITAL STATUS: GENDER:

DATE JOINED COMPANY DATE JOINED SCHEME.....

REASON FOR MEMBERSHIP CEASING: (TICK APPROPRIATE BOX)

WITHDRAWAL	<input type="checkbox"/>	RETIREMENT	<input type="checkbox"/>	DEATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					DD	MM	YY	

ANNUAL SALARY AS AT DATE MEMBERSHIP CEASED:

SEVERANCE DUE ENTITLEMENT (If Any).....

DECLARATION

I/We the undersigned hereby declare:

- (a) that the person named on this claim form is/was in fact a legitimate member and contributor of the fund
- (b) that the information provided herein of this applicant are both correct

MEMBER'S CONTACT DETAILS:

Address of the Member to which correspondence must be sent:

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Telephone No. /Mobile No.:

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E-mail Address:

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4. Pension Cheque to be sent to (Name of the Bank):

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Account No:

Address of the Bank:

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B. TO BE COMPLETED IF IT IS A WITHDRAWAL

1. Reason for withdrawal	RESIGNATION	RETRENCHMENT	
	DISMISSAL NON – FRAUD	DISMISSAL - FRAUD	
2. Benefits	MEMBER CREDIT ONLY TO BE CAHSHED AFTER 6 MONTHS IF PROVED UNEMPLOYED	TRANSFERRED	
	EMPLOYER CREDIT TO BE PRESERVED TO RETIREMENT		

C. TO BE COMPLETED IF IT IS A RETIREMENT

1. Type of retirement	NORMAL	EARLY	
	LATE	ILL HEALTH	
	20 YEARS CONTINUOUS SERVICE WITH ONE EMPLOYER		

2. Options which may be selected by the employee **(please mark with a cross where applicable)**

- A To receive Pension in full without commutation.
- B To commute (up to 40%) of the pension for its cash equivalent
(Fraction)
- C To receive a joint and Survivorship pension on the joint lives of himself/herself and his/her Born on
(Name) (Relationship)
(Please attach proof of age). This pension is to continue in full/reduced by
on (a) the member's death whilst beneficiary is still alive/or (b) Either the member's or beneficiary's death.

D. TO BE COMPLETED IF IT IS A DEATH/FUNERALBENEFIT

1. Attach the Original Death Report or Death Certificate.

2. Options which may be selected by the **TRUSTEES** for the nominated beneficiaries/dependents **(please mark with a cross where applicable)**

- A To receive Pension in full without commutation.
- B To commute the Pension for Cash if the annuity is below the minimum stipulated by the Registrar of Pensions from time to time.
- C Lump Sum Group Life Assurance Cover/Funeral Benefit.

(Please attach proof of age of dependants/beneficiaries)

<p>EMPLOYER OFFICIAL STAMP</p>

NAME _____ SIGNATURE _____ DESIGNATION _____