



NICO PENSION SERVICES LIMITED
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NOTICE OF WITHDRAWAL FORM FROM THE PENSION SCHEME

- 1. Name of Scheme:
- 2. Name of Employee:Membership No:.....
- 3. Date of Birth:..... Date of Appointment:.....
- 4. Date of Joining Scheme:Date of Termination of Service:.....
- 5. Reason of withdrawal (Please Tick)

(a) Retirement: Partial

	%

 Normal Ill Health Service
 (Five Years or Less to NRA*)

(b) Voluntary transfer (c) Leaving the employer's service

- 6. Last deduction made in the month of:
- 7. Total Severance entitlement transferred into the pension fund = MK.....

Member (Private) Phone/Cell Number(S)

Member (Private) E-mail Address:.....

Member (Private) Postal Address:

Member Bank Details

(Please insert bank details of the member for any payment other than transfer. In case of death please fill in the Notification of death of scheme member and authority to pay Claim Form)

Name of the account:.....

Name of Bank:.....

Branch:.....Account number:.....

Account Details Confirmation by Principal Officer / Designated Officer (sign where appropriate)

The above account details were used for the payroll

The above account details were provided by the member themselves.....

Members' Signature:..... Date:

Principal Officers' Signature.....Date

Trustees' Signature..... Date.....

Information above has been provided in the presence of Trustee(s) / Principal Officer(s) for the fund
Disclaimer: NICO Pension will not be responsible for any incorrect account details given on this form

*NRA = Normal Retirement Age chosen by the scheme / employer according to terms and conditions of service

Official Stamp