

Section 1: Personal Details

Member Number: Payroll Number:

Given Name: Middle Name:

Surname:

Date of Birth: Male: Female: Marital Status:

Village: District: Province:

Mobile No.: Email Address:

Section 2: Employment History

Name of previous Employer(s) 1. Employment Date: / /

(if any): 2. Employment Date: / /

3. Employment Date: / /

Section 3: Reason for Withdrawal

Retirement Resignation/Termination Disability Migration

Transfer to:

(Print name of ASF/RSA)

Note : Please refer to back for Withdrawal Guidelines

Section 4: Nominees Details

Name at least three of your current nominated beneficiaries below:

Name of Nominees	Nominee Date of Birth	Relationship to Member	Name of Guardian	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5: Salary Bank Account

Account Name: Account Number: Bank: Branch:

Section 6: Member Declaration

I confirm that I have fully understood the contents of this form that was read to me or written by me are true & correct in every particular.

Signature: Dated:

Section 7: Employer Declaration - To be made by Authorised Representatives only

I confirm that the information above is true & correct and no alterations were made or noted at the time of signing this form.

Name:

Designation:

Signature: Dated:

Employer Stamp Here