***SECTION I – DETAILS OF MEMBER***

|  |  |
| --- | --- |
| Surname \* |  |
| First Name \* |  |
| Other Name(s) |  |
| SSNIT Number\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HSOPS ID Number\* |  |  |  |  |  |  |  |  |  |  | Staff ID Number\* |  |  |  |  |  |  |
| Email \* |  |
| Select Appropriate ID | Passport Voter ID Driver’s License Ghana Card  |
| ID Number \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marital Status |  Married Single Divorced Separated Widowed |
| Last Place of Work/Facility/Institution Name\* |  |

***SECTION II – DETAILS OF NOMINATED BENEFICIARIES***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **NAMES OF APPROVED BENEFICIARIES** | **DATE OF BIRTH** | **RELATIONSHIP TO DECEASED** | **BENEFIT PERCENTAGE (100%)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

***\*Kindly include supplementary sheet to include additional beneficiary details if beneficiaries are more than seven.***

***SECTION III – MEMBER DECLARATION***

1. *I declare and certify that to the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.*
2. *I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.*

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | D | D | M | M | Y | Y | Y | Y |
|  *Signature (MEMBER)* | *Effective Date (DD/MM/ YY)* |