

Petra Advantage Pension Scheme



Employee Application Form

Instructions:

You are signing on to your employer’s Occupational Pension Scheme.  
Please complete all applicable sections of this form in BLOCK letters and forward a scanned copy of the completed form via e-mail to **customerservice@petraonline.com** or deliver a hardcopy to our office at **217 Airport West, Roman Ridge, Accra**. Alternatively, you can submit the completed form to the officer in charge of pensions in your institution. This application will be considered incomplete until signed by the applicant.

1. Personal Details

Title	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)		Social Security Number	Passport Picture <input type="text"/>
<input type="text"/>		<input type="text"/>	
Nationality	Marital Status		
<input type="text"/>	<input type="text"/>		
ID Type	ID Number		
<input type="text"/>	<input type="text"/>		
Ghana Card Number	Occupation	Employer Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male <input type="radio"/>	Female <input type="radio"/>		
Residential Address			
<input type="text"/>			
City / Town		Region	
<input type="text"/>		<input type="text"/>	
Mailing Address (If different from residential address)			
<input type="text"/>			
Mobile Number		Telephone Number	
<input type="text"/>		<input type="text"/>	
Primary Email Address			
<input type="text"/>			
Secondary Email Address			
<input type="text"/>			

2. Beneficiaries

Complete this section to name the beneficiaries to your funds in the scheme. Total benefits should add up to a **100%**.

First Name	Middle Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total % of Benefits			
<input type="text"/>			

Additional beneficiaries may be included on the **Optional Additional Form** provided. The total of the percentage of benefits indicated on this form and the optional additional form (if applicable) should add up to a **100%**.

3. Declaration

i. I agree to be bound by the terms of the Petra Advantage Pension Scheme Trust Deed and governing rules as may be amended by the Trustee from time to time.  
ii. I declare that the information I have given in this application form is complete and accurate at the date of signing and shall notify Petra Trust immediately if any of this information changes.

Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

Additional Beneficiaries

Complete this section to name your remaining beneficiaries. Total benefits should add up to a **100%**. This includes the the already named benefits above.

First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

% of Benefits

First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

% of Benefits

First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

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ID Number (If applicable)

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First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

% of Benefits