



NOTICE OF WITHDRAWAL

This form should be completed by a member seeking his/her benefits.

PERSONALI	NFOR	MATIC	N										
Name of Member:						IPPS/Membership Number:							
File Number:						Date of Birth:							
Date of Joining Service by the Employer:						Date Joined MURBS:							
Date of Leaving Service:						Month of Final Contribution:							
Phone Number:						E-Mail Address:							
WITHDRAWAL BENEFITS OPTION FOR THE MEMBER (Please tick)													
Retirement:			lormal			III Hea	alth		Late	Э		Early	
Withdrawal:		N	Medical A	Access		Emigr	ation		Dea	th		Transfer to another Scheme	
ENTITLEMEN	NTS UN	NDER	NORMA	AL/EAR	LY/LA	TE RET	TREME	NT: <i>(P</i>	lease tio	ck)			
Access 100% as a Cash Lump Sum of his/her Accumulated Benefits (AB), if AB<25*member's exit Consolidated Salary (CS). A member may opt to take the cash benefits or use part of it to purchase an annuity. Access 50% as a Cash Lump Sum of his/her Accumulated Benefits (AB), if AB>25*member's exit Consolidated Salary, use the other 50% to purchase an annuity.													
BANK ACCOUNT DETAILS Places provide below your bank account details for the purpose of depositing your funds													
Please provide below your bank account details for the purpose of depositing your funds.													
NAME (as indicated on your Bank Account):													
ACCOUNT NUMBER (Start in the first space										1	1 1		
1 2	3	4	5	6	7	8	9	10	11	12	13		
NAME OF BANK:													
BRANCH NAM	E:												
NOTE: You are responsible for the correctness of your bank account details and the Trustees of MURBS will not be responsible for any mistake on your behalf.													
Signature of Applicant:						Date:							
COMPLETE	D BY	(FOR	OFFIC	CIAL U	SE OI	NLY):							
Pension Officer:									Signa	ture : _			
Date and Stam	p:								-				



REQUIREMENTS WHEN APPLYING FOR RETIREMENT BENEFITS

(Exit Before Normal Retirement)

- A letter addressed to the Chairperson, Board of Trustees, requesting for payment of funds (Projects and Contract)
- Copy of the University Staff ID/National ID
- Duly completed Benefits Application Form (Form issued by Scheme)
- Letter from the Sponsor (Makerere University) confirming Termination, Resignation or End of Contract.
- Copy of the Member's Appointment letter
- Bank Confirmation of a Member's Unencumbered Account (Form issued by Scheme)
- A copy of the Clearance letter from your Department or College
- An original Clearance letter from the Salaries office
- Proof of Emigration like Evidence of Residence in another country, Employment Letter, Visa, or other relevant documents (This is only for members who are permanently emigrating from Uganda).



Date:	
To: The	Manager,
Dear Sir/I	Madam,
This proc	is to inform you that Makerere University Retirement Benefits Scheme (MURBS) is ressing retirement benefits for
Acco Acco Ban	ount Details ount Name
In y from	cumbrance, if any your letter, please clarify whether or not the Bank Account provided in 1) above is free in any encumbrances (such as payment of a loan, dormancy, etc) ars Sincerely, Shinka San Khaitsa

Principal Pension Officer

Mandatory Employer-Based Scheme