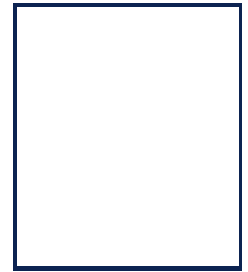




Makerere
University
Retirement
Benefits
Scheme



MEMBER ACCOUNT VERIFICATION FORM

MEMBER DETAILS

Full Name: _____ File Number: _____

IPPS/Employee Number: _____ Historical Account Number(s): _____

Date of Birth: _____ Date of Appointment: _____

National ID Number: _____

Current College/School/Department: _____

Phone Number: _____ E-Mail Address: _____

Have you updated your biodata record with MURBS before? (Please tick)

☐ Yes

☐ No

ACCOUNT VERIFICATION (Select all that apply)

☐ In-House Beneficiary with Active Account

☐ Deferred and with an Active Account

☐ In-House Beneficiary with Deferred Account

☐ Deferred but not eligible to access benefits

☐ Retired and Accessed Benefits

SUPPORTING DOCUMENTATION (Select all that apply)

☐ National ID/Passport (Copy Attached)

☐ Recent Pay slip for Inhouse Category

☐ Staff ID Card (Copy Attached)

☐ Recent and Historical Pay slips for Deferred Category

☐ Appointment Letter/Contract

☐ Passport photo

☐ Other: _____

MEMBER DECLARATION

I, _____, confirm that I am the rightful owner of all accounts listed above and that all information provided above is accurate and complete.

Signature: _____ **Date:** _____

MURBS INTERNAL VALIDATION (FOR OFFICIAL USE ONLY):

Identified Duplicate Accounts:

Account Type	Account Number	Account Name	Balance
Total			

REVIEW COMMENTS

RECOMMENDATION:

☐ Approved for Merging ☐ Advised to Complete Biodata ☐ Advised to Apply for Benefits

Reviewer's Names : _____

Signature : _____ **Date:** _____

Principal Pension Officer (PPO) Remarks: _____

PPO's Signature: _____ **Date:** _____