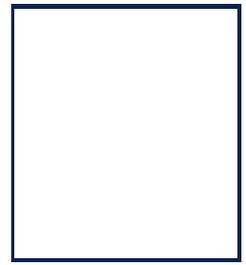




Makerere
University
Retirement
Benefits
Scheme



UNREMITTED BENEFITS APPLICATION

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

PERSONAL INFORMATION

Name of Member: _____ NIC DAP Number: _____

Member Number: _____ Payroll/IPPS Number: _____ Date of Birth: _____

Date of Joining Service by the Employer: _____ Date Joined MURBS: _____

Date of Leaving Service: _____ Current Employer: _____

Phone Number: _____ E-Mail Address: _____

WHERE WERE YOU PAID YOUR PENSION BENEFITS AFTER RETIREMENT/WITHDRAWAL? *(Please tick)*

- NSSF
 NIC DAP
 Makerere University (Pension office)
 Makerere University Retirement Benefits Scheme

BANK ACCOUNT DETAILS

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	2	3	4	5	6	7	8	9	10	11	12	13

NAME OF BANK: _____

BRANCH NAME: _____

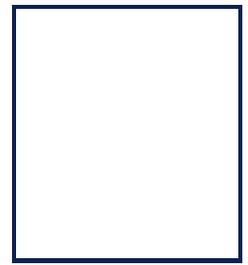
NOTE: *You are responsible for the correctness of your bank account details and the Trustees of MURBS will not be responsible for any mistake on your behalf.*

Signature of Applicant: _____ **Date:** _____

COMPLETED BY (FOR OFFICIAL USE ONLY) :

Pension Officer: _____ Signature : _____

Date and Stamp: _____



NOTICE OF WITHDRAWAL

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

PERSONAL INFORMATION

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: Normal Ill Health Late Early
Withdrawal: Medical Access Emigration Death Transfer to another Scheme

ENTITLEMENTS UNDER NORMAL/EARLY/LATE RETIREMENT: *(Please tick)*

- Access 100% as a Cash Lump Sum of his/her Accumulated Benefits (AB), if $AB < 25 \times$ 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 $AB > 25 \times$ member's exit Consolidated Salary, use the other 50% to purchase an annuity.

BANK ACCOUNT DETAILS

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	2	3	4	5	6	7	8	9	10	11	12	13

NAME OF BANK: _____

BRANCH NAME: _____

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:** _____

COMPLETED BY (FOR OFFICIAL USE ONLY) :

Pension Officer: _____ Signature : _____

Date and Stamp: _____

REQUIREMENTS WHEN APPLYING FOR DEATH BENEFITS

- ✓ A letter addressed to the Chairperson, Board of Trustees, requesting for payment of funds (Written in a Language understood by all applicants)
- ✓ Copy of the Death Certificate
- ✓ The Will of the Member
- ✓ Completed Benefits Application Form **(Form issued by Scheme)**
- ✓ Copies of the Dependants' Birth Certificates and National Identification Cards
- ✓ Marriage Certificate for spouses
- ✓ Copy of University Staff ID/National ID of the deceased member.
- ✓ Letter from the Sponsor (Makerere University) confirming Normal Retirement, Early Retirement, Late Retirement or Death in Service
- ✓ Copy of Member's Appointment letter
- ✓ An original Clearance letter from the deceased member's Department or college
- ✓ Clearance letter from the Salaries office
- ✓ Bank Confirmation of a Member's Unencumbered Account **(Form issued by Scheme)**

NOTE: Applicants for death benefits are subjected to a special due diligence procedure as deemed necessary by the Trustees on a case by case basis.



Date:

To: The Manager,

.....

Dear Sir/Madam,

Re: Confirmation of Bank Account Details

This is to inform you that Makerere University Retirement Benefits Scheme (MURBS) is processing retirement benefits for The funds will be paid into his/her bank account held in your bank.

This is therefore to request you to confirm MURBS, in writing, the following:

1) Account Details

Account Name

Account Number

Bank Name

Branch Name

2) Encumbrance, if any

In your letter, please clarify whether or not the Bank Account provided in 1) above is free from any encumbrances (such as payment of a loan, dormancy, etc)

Yours Sincerely,

Susan Khaitsa

Principal Pension Officer