



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 RETIREMENT BENEFITS - MEDICAL ACCESS

- ✓ A letter addressed to the Chairperson, Board of Trustees, requesting for payment of funds for Medical Access
- ✓ Copy of the University Staff ID/National ID
- ✓ Duly completed Benefits Application Form **(Form issued by Scheme)**
- ✓ Letter of recommendation from the Uganda Medical Board (Ministry of Health) authorising access to retirement benefits for medical treatment.
- ✓ Copy of the Member's Appointment letter
- ✓ Bank Confirmation of a Member's Unencumbered Account **(Form issued by Scheme)**



Date:

To: The Manager,

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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