



SOCIAL SECURITY AND HOUSING FINANCE CORPORATION
NPF NOTICE OF TERMINATION AND APPLICATION FOR BENEFIT FORM

NPF7B

1a. NAME OF CLAIMANT:

b. ADDRESS:..... TEL. #:.....

2. SOCIAL SECURITY NUMBER:..... 3. DATE OF BIRTH:.....

4. DATE OF ADMISSION TO SCHEME:.....

5. FORMER EMPLOYER(S) EMPLOYMENT DATE TERMINATION DATE

.....

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6. GROUNDS OF TERMINATION (Documentary Evidence to be attached)

a. Normal Retirement at age 60

b. Withdrawal at age 45 in accordance with Section 29 of SSHFC Act

c. Withdrawal at age 45 in accordance with Regulation 8A of 2005.

AGE % ACCRUAL PAYABLE

45-54 70%

55-59 85%

d. Withdrawal in accordance with Social Security Fund Regulations 9(1) of 2005
as a consequence of:

(i) Redundancy exercise

(ii) Marriage(Female members only and Marriage Certificate to be
attached)

(iii) Disability/ill- Health /Invalidity (medical certificate specifying
degree of disability).

Age % of Accrual payable

(I) 25-31 25%

(ii) 32-38 32%

(iii) 39-44 37%

(iv) 45-54 50%

(v) 55-59 60%

e. Death (Original Death Certificate must be attached)

f. Resignation

g. Dismissal

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Employee's Signature

Date:.....

.....
Last Employer's Signature
And Official Stamp

Date:.....

FOR OFFICIAL USE ONLY

SOCIAL SECURITY DEPARTMENT

Benefits Officer:.....

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Benefits Manager:.....

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Director Social Security:.....

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Signature:..... Date:.....

ACCOUNTS DEPARTMENT

Total Benefits D.....B.....

Portion of Benefits Paid D.....B.....

Balance D.....B.....

Date of Payment.....

.....
Director of Finance

.....
Date

Printed by sshfc

