

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

NPF 7B

1a. NAME OF CLAIMA	NT:			
b. ADDRESS:			TEL. #	
2. SOCIAL SECURIT	Y #:	3. DATE OF	BIRTH:	
4. DATE OF ADMISSI	ON TO SCHEN	ME :		
5. FORMER EMPLOY	ER(S) EMI	PLOYMENT DATE	TERMINATION DATE	
	•••••			
6. Terminal Salary: D		Per Annum: D		
7. GROUNDS OF TERM	INATION (Do	cumentary Eviden	ce to be attached)	
a. Normal Retiremen	nt at age 60.			
b. Refund (Non-stati	•			
c. Withdrawal at age				
d. Withdrawal at age	45 in accorda	ance with Regulation	on 8A of 2005.	
	G.F.	ov A CCDIIA	DAMARIE	
	<u>.GE</u>	% ACCRUAL	<u>LPAYABLE</u>	
	5-54 5-50	70%		
	5-59	85%	- 1 D1-ti 0(1) - f 2005	
	cordance with	Social Security Ful	nd Regulations 9(1) of 2005 as a	
consequence of:				
* *	ndancy exercis			
	-		arriage Certificate to be attached).	
(i) 2.	<u>AGE</u> 5. 21	% OF ACCRU	JAL PAYABLE	
$ \begin{array}{ccc} (i) & 2. \\ (ii) & 3. \end{array} $		32%		
(iii) 3:		37%		
(iv) 4.		50%		
(v) 4. (v) 5.		60%		
f. Withdrawal in acc				
			te specifying degree of disability).	
g. Death (Original D	-			
h. Resignation at age		ic must be attached	·)	
I. Dismissal*	5 4 3 .			
1. Disillissai				
• May be above.	eligible for ber	nefit when a memb	er is above Age 45 subject to C or D	
Employee's Signature		 I oa	t Employer's Signature	
. ,		And	Official Stamp	
Date		Date	2	

NB: Claimant should ensure that all required documents such as letter of termination; recent passport size photos(s) and copy of either national identity or voter registration card are submitted on time to ensure speedy processing of claim. Claimant is also advised to attach all required documents, which they failed to submit at time of registration.

FOR OFFICIAL USE ONLY

BENEFITS OFFICE:	
BENEFITS MANAGER:	
DIRECTOR OF OPERATIONS:	
SIGNATURE:	DATE:
ACCOUNTS DEPARTMENT	
TOTAL BENEFITS	D B
PORTION OF BENEFITS PAID	D B
BALANCE	D B
DATE OF PAYMENT:	
DATE:	DIRECTOR OF FINANCE

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