JSOPS

JUDICIAL SERVICE OCCUPATIONAL

PENSION SCHEME

Supreme Court Building

Prof Atta Mills Street
P.O Box GP 119, Accra

Tel: 0302-631-343 e-mail: secretaryjusag@yahoo.com

JSOPS – WITHDRAWAL/TRANSFER FORM

MEMBER DETAILS **SSNIT NO.** _____ **STAFF ID.** _____

NAME	
EMPLOYER	
ADDRESS	
TELEPHONE NO.	
EMAIL	

TYPE OF WITHDRAWAL

☐ RETIREMENT

☐ TRANSFER TO ANOTHER SCHEME

Please note:
Ensure that the bank account details supplied are correct. Payment is done only through Electronic transfer.

BENEFICIARY ACCOUNT DETAILS

ACCOUNT/SCHEME NAME		
ACCOUNT NUMBER		
BRANCH CODE		
TYPE OF ACCOUNT	CURRENT ☐	SAVINGS ☐
NAME OF BANK		
NAME OF BRANCH		

VALID I.D. NO. _____

(☐ Voter's I.D. ☐ Driver's License ☐ Passport ☐ NHS I.D.)

SIGNATURE OF CLIENT		**AUTHORISED BY: (OFFICIAL USE ONLY)**	
		SIGNATURE	