

## UNIVERSITIES PENSION FUND

## APPLICATION FOR WITHDRAWAL FROM MEMBERSHIP

- (1) Name of the Institution:.....
- (2) Full Name of the Employee: .....
- (3) Pension Membership No. : .....
- (4) Date of Birth:       (5) National Identity Card No.
- (6) Date of 1<sup>st</sup> appointment to the **Permanent Post** in the University system:
- (7) Date of Retirement at the age of **60** (Non-academic Staff) /**65** (Academic Staff):
- (8) Employee category : Academic  Non Academic/ Academic Support
- (9) Service Record (**Permanent Service only**)
- (a) **Higher Educational Institution** **Service Period** **Universities Pension Fund No**

- i. ....
- ii. ....

I certify that the above information is true and correct. I am aware that I could not be able to complete 20 years of service at the compulsory age of retirement and will not be entitled to receive a monthly pension payment. Therefore, I agreed to transfer my Pension Fund balance to the Universities Provident Fund.

Date.....

.....  
Signature of the Employee

**Establishment Branch**

I certify that the above particulars of .....are true and correct according to his/her personal file maintained in this office.

Checked by : .....

Date: .....

.....  
Signature of Deputy / Senior/ Assistant/ Registrar  
(Official Seal to be affixed)

**Finance Branch**

I certify that the contribution to the Universities Pension Fund in respect to the.....  
.....will be stopped from month of ...../20.....

Checked by : .....

Date: .....

.....  
Signature of Bursar / Deputy/Senior /Assistant/ Bursar  
(Official Seal to be affixed)

**Secretary, University Grants Commission**

I recommended and forwarded the application submitted by .....to withdraw the balance of the Universities Pension Fund and to transfer the Universities Provident Fund.

Date: .....

.....  
Signature of Registrar (Official Seal to be affixed)