

IS&P HK Retirement Fund

Retirement Benefit Form

RETIREMENT BENEFIT FORM

APPLICATION

PLEASE PRINT IN BLOCK LETTERS

EMPLOYEE'S DECLARATION

To: Credence HK Ltd as trustee of
IS&P HK (INSERT EMPLOYER NAME) Retirement Fund.
For further details or information, please contact:

Name:

.....

Address:

.....

.....

I, the undersigned, certify that I am an Allocation/
Discretionary Class Member of IS&P HK (INSERT
EMPLOYER NAME) Retirement Fund ("the Fund").

MY EMPLOYER IS:

Contact Number

Dated this

Day of

Year

("my Employer") who can be contacted as follows:

Signature of Claimant

I have retired/am retiring from employment with my
Employer/the workforce as a result of being totally
and Permanently Disabled as confirmed by the Trustee
(cross out whichever is inapplicable). My retirement
was/is effective from:

Name of Claimant (in print) Consequent upon my
retirement, I wish to claim the following benefits from
the Fund:

EMPLOYER'S DECLARATION

I hereby confirm that:

.....

has retired from:

.....

To be remitted to the following bank account details:

.....

Bank Name & Address:

.....

Signature of Employer (Director)

.....

Account Name

.....

Bank Branch/Account No

.....

Director's Name (in print)

.....

Bank Swift Code

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