



**FORM SS2**

**SOCIAL SECURITY AND HOUSING FINANCE CORPORATION  
FEDERATED PENSION SCHEME**

**NOTICE OF TERMINATION OF EMPLOYMENT**

1. Employer:.....

2. Name of Employee:.....

3. Sex:..... b. Social Security #:.....

4. Position:..... b. Date of Birth:.....

5. Marital Status (Married/Single)

6. Date Employed:.....

7. Date admitted to Scheme:.....

8. Date of termination:.....

9. Terminal Salary: D..... Per Annum: D.....

10. Grounds of Termination: (Tick one only and complete the gap(s) where appropriate).

- a) Normal Retirement at age 60.
- b) Voluntary Retirement after age 45 and below 60.
- c) Voluntary Retirement at age below 45.
- d) Retirement on Marriage Grounds after 5 years Service for Female members only (Marriage Certificate to be attached).
- e) Ill Health/Invalidity (Medical Certificate to be attached)
- f) Resignation.
- g) Dismissal.
- h) Service terminated by employer for reasons of:.....
- i) Transferred to:..... With effect from:.....20.....
- j) Deceased Day..... Month..... Year..... (Original Death Certificate Should be attached).

To: Managing Director  
Social Security and Housing Finance Corporation  
Banjul

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Employer's Signature

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Position

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Date