

SOCIAL SECURITY AND HOUSING FINANCE CORPORATION NPF NOTICE OF TERMINATION AND APPLICATION FOR BENEFIT FORM NPF 7B

1a. NAME OF CLA	IMANT:			
b. ADDRESS:				
2. SOCIAL SECU	RITY #:			
4. DATE OF ADM	ISSION TO	SCHEME:		
5. FORMER EMPL	OYER(S)	EMPLOYMENT DAT	E TERMINATION DATE	
-		Per Annum: D DN (Documentary Evider		
a. Normal Retire	ement at age	e 60.		
b. Refund (Non-				
c. Withdrawal at	age 45 in a	accordance with Section	29 of SSHFC Act	
d. Withdrawal a	t age 45 in a	accordance with Regulat	ion 8A of 2005.	
	AGE		<u>L PAYABLE</u>	
	45-54			
	55-59	85%		
		e with Social Security Fu	and Regulations 9(1) of 2005 as a	
consequence				
.,	edundancy			
(ii) M	U I	•	larriage Certificate to be attached).	
	<u>AGE</u>		<u>UAL PAYABLE</u>	
	25-31	259		
• •	32-38	329		
	39-44	379		
	45-54	509		
(v)	55-59	609		
		e regulation 12 of 1992 as	-	
Disability/ill-	Health /Inv	validity (medical certific	ate specifying degree of disability).	
g. Death (Origin	al Death Ce	ertificate must be attache	ed)	
h. Resignation a	t age 45.			
I. Dismissal*				
• May abov	-	for benefit when a mem	ber is above Age 45 subject to C or D	
E		 •		
Employee's Signat		An	ast Employer's Signature d Official Stamp	
Date		Da	te	

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	В
DATE OF PAYMENT:		
DATE:		

DIRECTOR OF FINANCE

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