

MARSHALLAN SECURITY TRUST

WITHDRAWAL FORM

DATE:		NAME:	
MST PIN:		TEL NO.:	
AMOUNT REQUESTED GH¢:			
BALANCE PER LAST STATEMENT OF ACCOUNT GH¢:			
BANK DETAILS			
NAME OF BANK			
BRANCH			
ACCOUNT NAME			
ACCOUNT NUMBER			
CONTRIBUTER: <i>NAME AND SIGNATURE:</i>		CHAIRMAN: <i>SIGNATURE</i>	
GK/NL: <i>NAME AND SIGNATURE:</i>		SCHEME OFFICER: <i>NAME AND SIGNATURE::</i>	
TEL NO.:		TEL NO.:	

THE COMPLETED WITHDRAWAL FORM DULY SIGNED BY THE CONTRIBUTOR TOGETHER WITH THE LATEST MST STATEMENT FROM THE FUND MANAGERS MUST BE FORWARDED TO atdawlah@yahoo.com FOR PROCESSING.

TO CHECK ON THE PROGRESS OF THE WITHDRAWAL PLEASE CONTACT **LAWRENCE ASARE ON 0207 897 882**

- A member shall give three months notice in writing to the Scheme Officer of his or her intention to withdraw a sum not exceeding 50% of total value of his or her investment in the Scheme. Any withdrawal in excess of that amount shall be subject to the approval of the Board of Trustees.
- Unless otherwise decided by the Board of Trustees, member shall not make more than one withdrawal within six calendar months.
- In the event of death, or physical incapacity, or if a member is unable to participate actively in the Scheme for whatever reasons, the total amount standing to his or her credit less expenses incurred to liquidate assets to satisfy the said amount shall be made available for payment to the member or his estate as the case may be. Payment to a member who resigns from the Scheme shall be made not later than 90 days from the effective date of the resignation.