



NICO Life Insurance Company Limited
NICO House, 3 Stewart Street. P.O. Box 3044, Blantyre, MALAWI
Tel: (265) 1 822 699 Fax: (265) 1 821 189 Cables "NICOBT"
Email: nicolife@nico-life.com

NOTICE OF WITHDRAWAL FORM FROM THE PENSION SCHEME

1. Name of Scheme:.....

2. Name of Employee.....Membership No:.....

3. Date of Birth.....Date of Appointment:.....

4. Date of Joining Scheme.....Date of Termination of Service:.....

5. Reason of withdrawal (Please Tick)

(a) Retirement : Normal Ill health Service

(b) Death

(c) Voluntary transfer

(d) Leaving the employer's service

6. Last deduction made in the month of:.....

7. Total Severance entitlement transferred into the pension fund =MK.....

Signed :.....

Name :.....

Designation :.....Date:.....

Official Stamp:

