



**NICO Pension Services Limited**  
**NICO House, 3 Stewart Street, P.O. Box 1796, Blantyre, Malawi**  
**Tel: 01 822 699 Fax (265) 1 821 189**  
**www.nicopensions.mw**

**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) Voluntary transfer

(c) Leaving the employer's service

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

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

**Member Phone Number**.....

**Member (Private) E-mail Address**.....

**Member (Private) Postal Address**.....

**Member Bank Details**

(Please insert bank details of the member for any payment other than transfer. In case of death please fill in the Notification of death of scheme member and authority to pay Claim Form)

Name of the account .....

Name of Bank .....

Branch .....

Account number .....

Members' Signature .....Date .....

Principal Officers' Signature.....Date .....

Trustees' Signature..... Date.....

**Disclaimer: NICO Pension will not be responsible for any incorrect account details given on this form**

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|----------------|
| Official Stamp |
|----------------|