## TAG RETIREMENT CLAIM APPLICATION FORM





Metropolitan House, 81 Tabon Link, North Ridge Crescent, North Ridge near DHL Ghana, PMB CT 456, Cantonments, Accra, Ghana. **Digital H/O Location Address:** GA-015-0121, W: www.metropolitan.com.gh, T: +233 30 263 3933

Subscriber Details	
First Name:	Last Name:
Date of Birth: D D M M Y Y Y Policy No.	umber: Gender: M F
Association/Union's Name:	Mobile Number:
DVLA License Number:	Region:
2 Benefit Option	
Full Retirement Benefit Payment: Part Benefit	t Payment to Member and Part Transfer to Approve Fund:
3 Benefit Payment Instruction	
Full Retirement Benefit Amount/Percentage:	
Part Benefit Amount/Percentage:	
Part Benefit Transfer to Approved Fund Amount/Percentage:	
Annuity for Life Fund - Another Approved Scheme by Metropolitan (	Ghana): MTN PFA:
4 Death Claim (Complete this section for ONLY De	eath Claim)
Beneficiary/Claimant's First Name:	
Beneficiary/Claimant's Last Name:	
Date of Birth: DDMMMYYYY	ship to the Deceased:
National ID Type:	ID Number:
Mobile Number:	Town:
Region: I make claim on Policy Number:	
5 Subscriber/Beneficiary Declaration & Signation	ature
I declare and affirm to the entire rules and regulations set ou to me as agreed.	t under the scheme for discharge of the funds liability or claim
Subscriber/Beneficiary Signature:	Date: D D M M Y Y Y
	Submit Claims: Online: WhatsApp:

## **IMPORTANT**

For Death claim, please include the following documents: Letter of Administration or Attestation, Claimant's ID copy, Deceased ID copy, and either Report of cause of death, Burial permit, Mortuary receipt, Obituary; and Police report in case of Accidental death.

Together we can []

