New Member Entry Form

METROPOLITAN EMPLOYEE BENEFITS

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK ✔

Scheme Name:

Employer Name:

Employer Branch Name or Number: Scheme Number:

A - PERSONAL DETAILS

Surname & Title: Member Ref. No.:

Alternative Surname: Wage/Paysheet No.:

First Name and Initials: Sex:

Identification Number: Date of Birth: dd/mm/yyyy

Dependants: Y N

Marital Status: Married Single Divorced Widowed Separated

Occupation: Number of Children:

Language Preference: English Other Specify

Salary Frequency: Hourly Weekly Monthly Annual Pensionable Salary:

B - BENEFICIARY NOMINATION

	Surname & Title	First Name and Initials	Relationship to member	% Share
Dependants:				
Other Nominees:				

C - SERVICE AND MEMBERSHIP DETAILS

Date of entry into service: dd/mm/yyyy Breadwinner Status:

Date of entry into scheme: dd/mm/yyyy Executive Status:

Date of first contribution deduction: Date for past service accrual:

Signatures: Member on behalf of Employer/Trustees

Date dd/mm/yyyy Date dd/mm/yyyy

NOTES

1. It is important that all information supplied is complete and accurate in order that a correct member record is established.
2. In terms of the rules, membership is compulsory on eligibility date for new members after the scheme's commencement date.
3. Members must be in active service on the first day of membership.
4. Proof of age should be submitted as soon as possible.
   Certified copies of the following documents are acceptable:
   - Identity Document
   - Birth Certificate
   - Baptismal Certificate

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