

UNIVERSITY OF EDUCATION, WINNEBA

MEMBER'S INFORMATION UPDATE & APPLICATION FOR MEMBERSHIP CERTIFICATE

GHANA UNIVERSITIES STAFF SUPERANNUATION SCHEME (GUSSS)

Tick where Applicable

UPDATE: Change of Name Membership Certificate
 Change of Beneficiary

Instructions for Completing this Form

For Change of Name, complete Section A & C

For Membership Certificate and Change of Beneficiary, complete Section A, B & C

Witness to complete Section D

Staff Number

Superannuation Number

Section A

Member's Name	Surname	First Name
	Middle Names	
Previous Name or Maiden Name	Surname	
	Middle Names	
Contact Address	Current	
	Permanent	
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	

Section B

Name of nominated Beneficiary	Date of birth	Relationship to member	Sex	Permanent address	Percentage

ENSURE THAT THE INFORMATION PROVIDED IS CORRECT

Section C

.....
Signature of Contributor

R
T
P

L
T
P

Date

Date of Birth: (dd/mm/yyyy).....

Date of Employment: (dd/mm/yyyy).....

Date join the Scheme (dd/mm/yyyy).....

Mobil Number.....

Section D

Qualified Witness

The following Qualify to witness the completion of this form

- 1. Employer or his representative
- 2. Senior Public or Civil Servant
- 3. Lawyer/Magistrate/Judge

I CERTIFY THAT:

- 1. Completion of this form was supervised by me
- 2. The thumb print and signature on the form are those of the worker

Name of Witness:

Title of Witness:

Address of Witness:

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Signature of Witness: