



TRANSFER OPTION FORM

RSTOF - 042025

PLEASE TYPE OR WRITE IN BLOCK CAPITALS

MEMBER NO: _____

Title: First Name: M.I: Last Name:
Gender: ☐ Female ☐ Male TRN: DOB:
Residential Address:
Mailing Address:
Tel (C): Tel (H): Tel (W):

KINDLY SELECT YOUR PREFERRED TRANSFER OPTION

TRANSFER OPTIONS

Transfer my accumulated retirement fund to JMMB Retirement Solution.
Transfer my accumulated retirement fund to the Approved Superannuation Fund for my new place of employment.
Transfer my accumulated retirement fund to another Approved Retirement Scheme.

KINDLY PROVIDE THE RELEVANT DETAILS FOR THE TRANSFER OPTION SELECTED ABOVE.

EMPLOYER'S SUPERANNUATION FUND DETAILS

Employer's Name	Employer's Address	Employers Contact Number
Pension Fund Name	Pension Fund Administrator	Administrator's Contact Number

APPROVED RETIREMENT SCHEME DETAILS

Name of Scheme	Administrator's Name	Administrator's Contact Number
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Address

DECLARATION

I hereby authorize JMMB Retirement Solutions (Administrator) to execute the transfer of my accumulated retirement fund based on the option I selected above.

Member's Signature

Date

Witness Name

Witness Signature

Date