



SUPERANNUATION EXIT NOTIFICATION FORM

SENF - 042025

Kindly complete information below to request member exit from pension plan:

Name of Superannuation Fund:			
Division:			
Member name:			
Tax Identification Number:			
Date of Termination:			
Reason for member's exit	<input type="checkbox"/> Termination <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Death (attach death certificate)		
Do you intend to permanently reside outside Trinidad and Tobago?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Human Resource Officer:	Signature:	Date:	
*In case of death, kindly provide information on informant below:			
Informant Name	Telephone (H,W,M):	Email:	
Note <ul style="list-style-type: none">• Retirement options will be solicited from two (2) insurance providers and presented to members in a Retirement Option Letter.• JMMB will provide the Termination/retirement Option Form for the member to select their preferred fund disbursement method.			