



## 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:
<b>Note</b>		
<ul style="list-style-type: none"><li>• Retirement options will be solicited from two (2) insurance providers and presented to members in a <b>Retirement Option Letter</b>.</li><li>• JMMB will provide the <b>Termination/retirement Option Form</b> for the member to select their preferred fund disbursement method.</li></ul>		