DEPARTMENT OF EDUCATION

PENSION BENEFITS ON RETIREMENT (TEACHERS)

(i) All teachers retiring on pension must complete this form in triplicate.
The completed forms must be forwarded to the Department.

(ii) The completed forms must reach the Department at least three months prior to the date on which the teacher retires on pension.

(iii) 1. Name in full _____

2. Present School _____

_____

3. Date of birth _____

4. (a) Present residential address _____

(b) Full residential address after retirement _____

_____

5. State whether retirement is due to

(a) Attainment of pension age, or _____

(b) Physical disability _____

6. Date from which it is proposed that pension shall commence _____

_____

7. I desire that my pension gratuity be forwarded to my bank / building society.

8. I request that payment of my monthly pension:

(a) be made at (state name of Post Office) _____

(b) be paid into Bank or Building Society

Name _____

Branch _____

Place _____

Account no. _____

To the DIRECTOR OF EDUCATION

_____
SIGNATURE OF APPLICANT

Forwarded

_____
PRINCIPAL

DATE _____

R2q/010h03hd