Pensions Administration Branch

**Application for Refund of Contributions**

**(Pension and Family Benefit)**

**INSTRUCTIONS:**

1. This form is to be completed in **BLOCK CAPITALS** using black or blue ink.
2. Tick (✓) boxes where applicable.
3. Please read the instructions overleaf before completing this form.

**Date**:

**DETAILS OF APPLICANT**

**Taxpayer Registration Number (TRN):**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name(s) | Surname |
|  |  |  |

|  |  |
| --- | --- |
| Mailing Address | Contact Information |
|  | Mobile No. |
| Home No. |
| Email: |

**EMPLOYMENT HISTORY**

|  |  |  |
| --- | --- | --- |
| Date of Employment | Date of 1st Appointment | Date of Resignation |
|  |  |  |
| Ministry/Department of Employment | Ministry/Department | |

I am applying for refund of Pension Contributions Yes No ☐Not Applicable

I am applying for refund of Family Benefit Contributions (prior to April 1, 2018) ☐Yes ☐No ☐No Applicable

*I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accept that in keeping with the provisions of the Pensions (Public Service) Act, if I re-enter the Public Service, the period of service as a pensionable officer for which the contributions are refunded, shall not be taken into account when computing my retiring benefit.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Applicant***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name & Signature of Witness***

*(JP, Notary Public, HR Officer)*

***For Official Use Only***

The following documents were received with the application:

Original/Certified Copy of Birth Certificate

Original/Certified Copy of Taxpayer Registration Number (TRN)

Completed Statutory Declaration of Status, *if applicable*

Original/Certified Copy of Marriage Certificate, *if applicable*

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received/Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Guide**

|  |  |
| --- | --- |
| **When to use this form** | This form is to be used when applying for a refund of contributions in keeping with the provisions of the Pensions (Civil Service Family Benefit) Act, repealed or Pensions (Public Service) Act, 2017.  The benefits to be applied for using this form are Refund of Pension Contributions and Refund of Contributions to the Pension Civil Service Family Benefit Scheme. |
| **Certification of Supporting Documents** | The supporting documents can either be certified by a Justice of the Peace, Notary Public, MoFPS (Pensions Client Services) Representative or Human Resource Personnel in the respective Ministries/Departments.  All copy documents accompanying this form **MUST** be notarized. |
| **Stamp/Seal** | The person notarizing any copy document must in all circumstances affix his official stamp or seal to the document. |
| **Filling in this Form** | If not filling in this form electronically, please write in **BLOCK CAPITALS** using a **black** or **blue** inked pen.  Mark boxes like this with a tick ✓ or X.  Check that you have filled in all the relevant sections and that you have signed and dated the form. |

For more information you may contact the Pensions Administration Branch, Ministry of Finance and the Public Service at:

Switchboard: 876 922 8600

Direct lines: 876 932 5046 / 876 932 5047 / 876 932 5040 / 876 932 5272

Email: [pensionsclientservices@mof.gov.jm](mailto:pensionsclientservices@mof.gov.jm)

Query by way of letter maybe addressed to:

Senior Director, Pensions Administration

Ministry of Finance and the Public Service

30 National Heroes Circle

Kingston 4, Jamaica