

Employee End of Service Benefit Transfer Consent Form



Section 1: Personal details

Employee name _____

Employee payroll number _____

Section 2: Consent and Instructions

I hereby request that you apply the whole value of my end of service benefit, accrued in line with my contract of employment for the period up to and including the date, to the savings plan outlined below.

Name of Plan	Daman End of Service Program
Name of Plan Administrator	Zurich Workplace Solutions (Middle East) Limited
Agreed End of Service Benefit Transfer Value	

Section 3: Confirmations

- I confirm that I have read and understood the Daman End of Service Program Member Guide and understand the accrued Employee End of Service Benefit Transfer.
- I understand that following the transfer, my Employer has fully met their statutory obligation relating to payment of End of Service Benefits accrued up to (DD/MM/YYYY) and that neither I nor my beneficiaries will have any further entitlement to payment in the future, irrespective of any subsequent salary increases or length of service. I understand that this statement does not apply to employer contributions that will be paid to the Daman End of Service Program from (DD/MM/YYYY) of which I, or my beneficiaries, will be entitled to receive under the Daman End of Service Program.
- I understand that once my benefits have been transferred to the they will be invested and that the value will be subject to change on a daily basis in accordance with market fluctuations. I accept that I may not get back the amount initially invested. I accept that my Employer will have no entitlement or obligation in respect of investment gain or loss.
- I understand that once my benefits have been transferred to the Daman End of Service Program they will be invested and that the value will be subject to change on a daily basis in accordance with market fluctuations. I accept that I may not get back the amount initially invested. I accept that my Employer will have no entitlement or obligation in respect of investment gain or loss.



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Section 3: Confirmations

- I understand that my whole transfer value will be invested in the Daman End of Service Program default Low/Moderate fund unless I have already made a different investment selection through my Daman End of Service Program online account, in which case I understand the transfer value will follow my investment selection. I understand that I can initiate future investment changes myself through my Daman End of Service Program online account if I feel it necessary.
- I am aware of any tax consequences associated with the transfer and I have taken independent financial advice, including but not limited to tax planning advice, if I have felt it was necessary.
- I am aware that there is no 'transfer' fee, however there will be an annual fee deducted from the value of my account within the Daman End of Service Program as outlined in the Daman End of Service Program Member Guide and which may be subject to change from time to time.

Section 4: Signature

Employee signature _____

Date	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Employer signature(s) _____

Date	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Portfolios Management | Investment Fund Management | Promotion

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