## Employee End of Service Benefit Transfer Consent Form

Section 1: Personal detai	s			
Employee name				
Employee payroll number				
Section 2: Consent and I	nstructions			
	hole value of my end of service benefit, accrued in line with my date, to the savings plan outlined below.	y contract of employ	ment	
Name of Plan	DIFC Employee Workplace Savings (DEWS) Plan			
Name of Plan Administrator	Zurich Workplace Solutions (Middle East) Limited			
Agreed EOSB Transfer Value				
Section 3: Confirmations				
Statement		Tick	to confirm	
<ul> <li>I confirm that I have read and under and DEWS Member Guide.</li> </ul>	stood the DEWS Employee End of Service Benefit Transfer Ex	planatory Note		
End of Service Benefits accrued up further entitlement to payment in the understand that this statement does	ofer, my Employer has fully met their statutory obligation relating to 31st January, 2020 and that neither I nor my beneficiaries we future, irrespective of any subsequent salary increases or leng not apply to statutory mandatory employer contributions that we of which I, or my beneficiaries, will be entitled to receive.	vill have any gth of service. I		
be subject to change on a daily bas	have been transferred to the Plan they will be invested and the is in accordance with market fluctuations. I accept that I may not may Employer will have no entitlement or obligation in respect	ot get back the		
already made a different investment	value will be invested in the Plan default Low/Moderate fund ur selection through my DEWS online account, in which case I ur ent selection. I understand that I can initiate future investment of I feel it necessary.	nderstand the		
	s associated with the transfer and I have taken independent fining advice, if I have felt it was necessary.	ancial advice,		
	fee, however there will be an annual fee deducted from the van the DEWS Member Guide and which may be subject to char			
<ul> <li>I accept that the Plan to which the tri supervised by the Dubai Financial S</li> </ul>	ansfer payment is to be made is held in Trust and that the Trust ervices Authority.	stee is		
Section 4: Signature				
Employee signature		Date Month	Year	
Employer signature(s)		Date Month	Year	

Please note that this is a template for guidance purpose. You may customise this document for your specific requirements.