

AFFIX PASSPORT PICTURE  
HERE  
(RSA Number to be noted behind)

I hereby apply for withdrawal from my Retirement Savings Account ("RSA"). Find below my application details

RSA PIN

Title (Mr/Mrs/Miss)  Surname  First Name

Other Names  Sex (M/F)  Date of Birth (DD MMM YYYY)

Email  Mobile Telephone number  Other Phone number

Residential Address

Last Employer Name and Address

Date of Exit

Details of Next of Kin ("NOK")

Title (Mr/Mrs/Miss)  Surname  First Name

Other Names  Sex (M/F)  Relationship to RSA Holder

Email  Mobile Telephone number  Other Phone number

Residential Address

Bank Payment Details

Bank / Branch name  Bank Account Number

Application Type - Please select only ONE box (X)

1. 25% Payment	<input type="checkbox"/>	8. Missing Person Payment	<input type="checkbox"/>
2. Lump sum and Programmed Withdrawal Payment	<input type="checkbox"/>	9. Health Grounds Payment	<input type="checkbox"/>
3. Deceased Person Payment	<input type="checkbox"/>	10. Foreigner Payment	<input type="checkbox"/>
4. Enbloc Payment	<input type="checkbox"/>	11. Employee Portion Payment (OLD SCHEME)	<input type="checkbox"/>
5. Nigerian Social Insurance Trust Fund (NSITF) Payment	<input type="checkbox"/>	12. Additional Lump Sum Payment	<input type="checkbox"/>
6. Pre-Act Contributions Payment (Pre-Act)	<input type="checkbox"/>	13. Voluntary Contributions Payment ("VC")	<input checked="" type="checkbox"/> Part Withdrawal: <input type="checkbox"/> Full Withdrawal
7. Lump sum and Annuity Payment	<input type="checkbox"/>	(NOTE that income earned on Voluntary Contributions is subject to <u>Personal Income Tax</u> where withdrawn within 5 years). For tax remittance purpose kindly state your Tax Payer's ID: _____	

Kindly tick the box if you would like to receive your notifications via email  
(This would include application status and quarterly Statements)

Attestation

Applications will ONLY be processed if they include ALL the required documents. If any document is missing, the application will be considered INCOMPLETE and NOT ACCEPTED until the documents have been provided. Please refer to the attached document checklist for your application type.  
I confirm that the information supplied above by me is true and correct and hereby indemnify STANBIC IBTC PENSION MANAGERS LIMITED ("SIPML"), its officers and privies from any liability whatsoever arising out of untrue information provided by me above. I further authorize SIPML to update the RSA details stated above with any of my information so provided.

PLEASE ENSURE THAT YOU DEMAND A RECEIPT FOR THIS APPLICATION

Signature/Date \_\_\_\_\_

For Official use only

I hereby certify that this application was duly completed and submitted along with the required documents. I also confirm that original documents were duly sighted by me at the point of application submission.

Name of Receiving Officer \_\_\_\_\_ Signature & Date \_\_\_\_\_ CRM Reference Number \_\_\_\_\_

PLEASE ENSURE THAT THE CUSTOMER IS GIVEN A RECEIPT FOR THIS APPLICATION

Branch / Service Location \_\_\_\_\_

CUSTOMER'S RECEIPT

PEN \_\_\_\_\_ Client Name \_\_\_\_\_ CRM Reference Number \_\_\_\_\_  
RSA Number \_\_\_\_\_

Application submission date \_\_\_\_\_ Name of Receiving Officer \_\_\_\_\_ Branch / Service Location Stamp \_\_\_\_\_

Dear Client, please be informed that you would receive a confirmation via SMS or EMAIL acknowledging receipt of your application within 48hours. If you do not receive this notification within 48hours of submitting your documents at ANY of our branches/service locations, kindly contact our 24 hours 7 days a week multilingual contact center on 01-2716000. You can also track your application status via SMS by sending APP PENxxxxxxxxxx to 30389. SMS cost N10. FREE status tracking available using your secure login details on our website www.stanbicibtpension.com