

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: PEN | | | | | | | | | | | | | | | | | | | | | |

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	8. Missing Person Payment		
2. Lump sum and Programmed Withdrawal Payment	9. Health Grounds Payment		
3. Deceased Person Payment	10. Foreigner Payment		
4. Enbloc Payment	11. Employee Portion Payment (OLD SCHEME)		
5. Nigerian Social Insurance Trust Fund (NSITF) Payment	12. Additional Lump Sum Payment		
6. Pre-Act Contributions Payment (Pre-Act)	13. Voluntary Contributions Payment ("VC")	Part Withdrawal: <input checked="" type="checkbox"/>	Full Withdrawal: <input type="checkbox"/>
7. Lump sum and Annuity Payment	(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 where withdrawn within 5 years).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 \_\_\_\_\_ RSA Number \_\_\_\_\_ Client Name \_\_\_\_\_ CRM Reference 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 is N10. FREE status tracking available using your secure login details on our website www.stanbicibtpension.com