



RETIREMENTSAVINGSACCOUNTOPENINGFORM

Please fill form clearly and use CAPITAL letters only

1. Personal Data

Sur Name	<input type="text"/>	Title	<input type="text"/>
First Name	<input type="text"/>	SEX	<input type="checkbox"/> M <input type="checkbox"/> F
Middle Name	<input type="text"/>		
Marital Status (Choose One)	<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W	Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
LGA	<input type="text"/>		
StateOf Origin	<input type="text"/>		
Residential Address	<input type="text"/>		
Town	<input type="text"/>		
State	<input type="text"/>	PhoneNo.	<input type="text"/>
Email	<input type="text"/>		

2. EmploymentData

Name of Organization	<input type="text"/>	RC	<input type="text"/>
OfficeAddressLine1	<input type="text"/>		
OfficeAddressLine2	<input type="text"/>		
Town	<input type="text"/>		
State	<input type="text"/>	EmployerPhoneNo.	<input type="text"/>
Employer Email	<input type="text"/>		
EmployeeID No	<input type="text"/>	Date of Employment	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Designation	<input type="text"/>	Date of Confirmation	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Branchor Locationof Posting	<input type="text"/>	% (Employer)	<input type="text"/> . <input type="text"/> % Employee <input type="text"/> . <input type="text"/>

2a PublicSector

SalaryScale (eg HATISS)	GradeLevel	Step
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Calculated Contribution	<input type="text"/>	<input type="text"/>
Employee Calculated Contribution	<input type="text"/>	<input type="text"/>
Total Calculated Contribution	<input type="text"/>	<input type="text"/>

2b OtherSectors

AnnualBasic Salary	<input type="text"/>
Pensionable Transport Allowance	<input type="text"/>
Pensionable Housing Allowance	<input type="text"/>
Other Pensionable Allowances	<input type="text"/>



RETIREMENTSAVINGSACCOUNTOPENINGFORM CONTINUED

3. Next of Kin Data

Surname	<input type="text"/>	Title	<input type="text"/>
First Name	<input type="text"/>	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Middle Name	<input type="text"/>		
Contact Address Line 1	<input type="text"/>		
Contact Address Line 2	<input type="text"/>		
Town	<input type="text"/>		
State	<input type="text"/>		
Country	<input type="text"/>		
Phone No	<input type="text"/>	Relationship	<input type="text"/>
Email	<input type="text"/>		

4. Certification

I hereby certify that the information provided on this form is true and correct and I authorize that all fees as approved by PENCUM be charged to my RSA.

<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature
			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date
			D D / M M / Y Y Y Y
Passport Photograph (DO NOT Staple attach with Glue or Gum)	Left ThumbPrint	Right ThumbPrint	

5. For Official Use Only

Form Ref No	<input type="text"/>	LGA Origin	<input type="text"/>
PFC Account No	<input type="text"/>	State of Origin	<input type="text"/>
Account Officer	<input type="text"/>	State of Residence	<input type="text"/>
Pen CompIN No	<input type="text"/>	State of Employer	<input type="text"/>
Enrolled By	<input type="text"/>	State of Posting	<input type="text"/>
		State of Next of Kin	<input type="text"/>
		Date	D D / M M / Y Y Y Y

Please return completed form to any PPL office nearest to you or fax to 09-4615729 or email to info@premiumpension.com or upload through our website www.premiumpension.com For further enquiries please call 09-4615700.

