

RETIREMENT SAVINGS ACCOUNT FORM

Please fill form clearly and use CAPITAL letters only

* Mandatory Field ** Conditional Mandatory Field Non Mandatory Field *Select Pension Plan Contributory Pension Scheme (CPS) Micro Pension Plan (MPP) *Registration Type: New Registration **TPIN Regularization** 1. Personal Data *Surname *Gender *Title(Mr,Mrs,Miss, Ms) F M *First Name <u>*Marital stat</u>us MD SG DV WD SP Middle Name *Date of Birth D D M O N Y Υ *Place of Birth (City/Village) Maiden Name/Former Name *Nationality **LGA **State of Origin *Phone No: Country Code Mobile No: Staff ID Personal Email Address International Passport Association ID Card Means of Identification **Driver Licence Identification Number** Residential Address *Location Nigeria(N) Abroad (A) House No./Name Street Name **Village/Town/City **LGA Code **State of Residence Code *Country of Residence Code **Zip Code P.O.Box/P.M.B 2. Employment Records *Employer Type *Nature of Business *Full Employer Name **Building No/Name** *Location **Village/Town/City Street Name **LGA Code **State of Residence Code *Country of Residence Code **Zip Code **Employer Email Address** P.O.Box/P.M.B Country Code Mobile No: Employer Phone No: **Date of First Appointment Date of Current Employment FOR CPS ONLY M 0 Ν D МО Ν

Head Office 4, Awgu Close, Off Faskari Crescent Area 3, Garki, Abuja. 09-4615700, 09-7000020

Head Office Annex 76, Awolowo Road Opp Total Fuel station, Ikoyi, Lagos. 08126131333

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3. First Next of Kin Data (Mandatory)
*Surname
*NOK Phone No: Country Code Mobile No: *Relationship *Relationship
NOK's Personal Email Address
Next of Kin's Address *Location N A NOK House No./Name
NOK Street Name
**NOK Village/Town/City
NOK P.O.Box/P.M.B *NOK Country of Residence Code **Zip Code
Second Next of Kin Data (Optional)
*Surname *Title(Mr,Mrs,Miss, Ms) *Gender *Marital status MD SG DV WD SP Middle Name
*NOK Phone No: Country Code Mobile No: *Relationship *Relationship
NOK's Personal Email Address
4. For MPP Only
Account Name
Account Number Bank Name Bank Name
BVN NIN NIN
Mode of Contribution Weekly Monthly Quarterly Others
Means of Contribution Cash Deposit Transfer Cheque All Standard Order: 40% of Contingent Withdrawal
5. Statement Delivery
Preferred Mode of Statement and Welcome Letter Delivery: Email Hard Copy
Address Description (For Hard Copy)
6. *Customer Authorization for access to National Identity Number (NIN) Information
I hereby certify that the information provided in this form is correct. I further consent and authorize the National
Identity Management Commission to release my NIN information (as may be required) to the National Pension *Recent Passport Photo (with a white background)
Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation Name should be boldly written at the back of the
of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure
that my information is secure and protected. Name
Address —
Signature
7. For Official Use Only
*Form Reference No *PIN No Zone
**TDIN No
**TPIN No Account Officer State
Enrolled By (Name) Staff ID/Agency Code Signature