



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) <input type="checkbox"/>	Micro Pension Plan (MPP) <input type="checkbox"/>
*Registration Type:	New Registration <input type="checkbox"/> TPIN Regularization <input type="checkbox"/>	Non - Interest (Ethical) Fund <input type="checkbox"/>

1. Personal Data

*Surname <input type="text"/>	*Title(Mr,Mrs, Miss, Ms) <input type="text"/>	*Gender <input type="checkbox"/> M <input type="checkbox"/> F
*First Name <input type="text"/>	*Marital status <input type="checkbox"/> MD <input type="checkbox"/> SG <input type="checkbox"/> DV <input type="checkbox"/> WD <input type="checkbox"/> SP	
Middle Name <input type="text"/>	*Date of Birth D D M O N Y Y Y Y <input type="text"/>	
Maiden Name/Former Name <input type="text"/>	*Place of Birth (City/Village) <input type="text"/>	
*Nationality <input type="text"/>	**State of Origin <input type="text"/>	**LGA <input type="text"/>
*Phone No: Country Code <input type="text"/>	Mobile No: <input type="text"/>	Staff ID: <input type="text"/>
Personal Email Address <input type="text"/>		
Means of Identification	International Passport <input type="checkbox"/>	Driver Licence <input type="checkbox"/>
Identification Number	<input type="text"/>	<input type="text"/>
*National Identification Number <input type="text"/>	IPPIS NO: <input type="text"/>	

Residential Address	*Location	Nigeria(N) <input type="checkbox"/>	Abroad (A) <input type="checkbox"/>
House No./Name	<input type="text"/>		
Street Name	<input type="text"/>		
**Village/Town/City	<input type="text"/>		
**LGA Code	**State of Residence Code	*Country of Residence Code	**Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O.Box/P.M.B	<input type="text"/>		

2. Employment Records

*Employer Type	<input type="text"/>		
*Nature of Business	<input type="text"/>		
*Full Employer Name	<input type="text"/>		
*Location	N <input type="checkbox"/> A <input type="checkbox"/>	Building No/Name	**Village/Town/City
Street Name	<input type="text"/>		
**LGA Code	**State of Residence Code	*Country of Residence Code	**Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Email Address	P.O.Box/P.M.B <input type="text"/>		
Employer Phone No:	Country Code <input type="text"/>	Mobile No:	<input type="text"/>
FOR CPS ONLY	**Date of First Appointment	Date of Current Employment	
	D D M O N Y Y Y Y <input type="text"/>	D D M O N Y Y Y Y <input type="text"/>	

3. First Next of Kin Data (Mandatory)

*Surname	<input type="text"/>	*Title(Mr,Mrs, Miss, Ms)	<input type="text"/>	*Gender	<input type="checkbox"/> M <input type="checkbox"/> F	*Marital status	<input type="checkbox"/> MD <input type="checkbox"/> SG <input type="checkbox"/> DV <input type="checkbox"/> WD <input type="checkbox"/> SP	
*First Name	<input type="text"/>	Middle Name	<input type="text"/>					
*NOK Phone No: Country Code	<input type="text"/>	Mobile No:	<input type="text"/>	*Relationship	<input type="text"/>			
NOK's Personal Email Address	<input type="text"/>							
Next of Kin's Address								
*Location	N <input type="checkbox"/>	A <input type="checkbox"/>	NOK House No./Name					<input type="text"/>
NOK Street Name	<input type="text"/>							
**NOK Village/Town/City	<input type="text"/>	**NOK LGA Code	<input type="text"/>	**NOK State of Residence Code	<input type="text"/>			
NOK P.O.Box/P.M.B	<input type="text"/>	*NOK Country of Residence Code	<input type="text"/>	**Zip Code	<input type="text"/>			

Second Next of Kin Data (Optional)

*Surname	<input type="text"/>	*Title(Mr,Mrs, Miss, Ms)	<input type="text"/>	*Gender	<input type="checkbox"/> M <input type="checkbox"/> F	*Marital status	<input type="checkbox"/> MD <input type="checkbox"/> SG <input type="checkbox"/> DV <input type="checkbox"/> WD <input type="checkbox"/> SP
*First Name	<input type="text"/>	Middle Name	<input type="text"/>				
*NOK Phone No: Country Code	<input type="text"/>	Mobile No:	<input type="text"/>	*Relationship	<input type="text"/>		
NOK's Personal Email Address	<input type="text"/>						

4. For MPP Only

Account Name	<input type="text"/>						
Account Number	<input type="text"/>	Bank Name	<input type="text"/>				
BVN	<input type="text"/>						
Mode of Contribution	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Others	<input type="text"/>		
Means of Contribution	Cash Deposit <input type="checkbox"/>	Transfer <input type="checkbox"/>	Cheque <input type="checkbox"/>	All <input type="checkbox"/>	Standard Order: 40% of Contingent Withdrawal		

5. Statement Delivery

Preferred Mode of Statement and Welcome Letter Delivery:	Email <input type="checkbox"/>	Hard Copy <input type="checkbox"/>
Address Description (For Hard Copy)	<input type="text"/>	

6. *Customer Authorization for access to National Identity Number (NIN) Information

<p>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 Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.</p>		<p>*Recent Passport Photo (with a white background) Name should be boldly written at the back of the passport photograph</p>
Name	<input type="text"/>	
Address	<input type="text"/>	
Signature	<input type="text"/>	
Date	<input type="text"/>	

7. *Feedback

*How did you hear about us?	Online <input type="checkbox"/>	Radio <input type="checkbox"/>	TV <input type="checkbox"/>	Billboards <input type="checkbox"/>	Employer(HR/PDO) <input type="checkbox"/>	Family <input type="checkbox"/>	PPL Staff <input type="checkbox"/>
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8. For Official Use Only

*Form Reference No	<input type="text"/>	*PIN No	<input type="text"/>	Zone	<input type="text"/>
**TPIN No	<input type="text"/>	Account Officer	<input type="text"/>	State	<input type="text"/>
Introduced By (Name)	<input type="text"/>	Staff ID/Agency Code	<input type="text"/>	Signature	<input type="text"/>
Account Officer (Name)	<input type="text"/>	Staff ID/Agency Code	<input type="text"/>	Signature	<input type="text"/>