Do not complete this form if you already have a Retirement Savings Account with a PFA



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** Non - Interest (Ethical) Fund 1. Personal Data *Surname *Title(Mr,Mrs,Miss, Ms) *Gender M F *First Name *Marital status WD SP DV MD SG Middle Name *Date of Birth D D M 0 Ν *Place of Birth (City/Village) Maiden Name/Former Name *Nationality **State of Origin **LGA *Phone No: **Country Code** Mobile No: Staff ID: Personal Email Address International Passport **Driver Licence** Association ID Card Means of Identification Identification Number *National Identification Number IPPIS NO: **Residential Address** Abroad (A) *Location Nigeria(N) 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 *Location **Building No/Name** **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 D M O N D D M O N

> **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

3. First Next of Kin Data (Mandatory)		
*Surname *First Name	*Title(Mr,Mrs,Miss, Ms) *Gender *Marital status M F MD SO Middle Name	
*NOK Phone No: Country Code Mobile No:	*Relationship	
NOK's Personal Email Address		
Next of Kin's Address *Location N A	NOV House No /Nome	
	NOK House No./Name	
NOK Street Name		
**NOK Village/Town/City	**NOK LGA Code **NOK State of Resid	lence Code
NOK P.O.Box/P.M.B	*NOK Country of Residence Code	**Zip Code
Second Next of Kin Data (Optional)		
*Surname *First Name	*Title(Mr,Mrs,Miss, Ms) *Gender *Marital status Middle Name	
*NOK Phone No: Country Code Mobile No:	*Relationship	
NOK's Personal Email Address		
4. For MPP Only		
Account Name		
Account Number	Bank Name	
BVN		
	Quarterly Others	
Standard Order: 40% of		
Nanna of Comtribution Cook Donosit Transfer	Chamus All Standard Old	ier: 40% ot
Means of Contribution Cash Deposit Transfer	Cheque All Contingent W	
Means of Contribution Cash Deposit Transfer 5. Statement Delivery	Choquo	
	Cheque All Contingent W	Vithdrawal
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