



RETIREE PALLIATIVE CONSENT FORM

In line with the Nigerian Federal Government's announcement of its resolve to pay palliatives to retirees under the Contributory Pension Scheme, please complete the form below to provide your consent to share personal records with relevant government agencies responsible for the payment of the palliatives.

First Name:

Middle Name:

Surname:

RSA PIN:

Phone Number:

Email Address:

DISCLAIMER

Premium Pension Limited will take all reasonable measures to ensure the confidentiality and security of your personal information during the data transmission process. By clicking the link, you acknowledge that you voluntarily consent to the transmission of your personal details to the Nigerian Union of Pensioners for the stated purpose and that Premium Pension Limited shall not be liable for any loss or damage occasioned by any act of commission or omission that precedes successful transmission of your data to the Nigerian Union of Pensioners.

Please note that Premium Pension Limited is not responsible for the selection process that will determine eligibility, time of payment, and amount due to every individual.

- I hereby consent to the release of my pension information to the Federal Government for the payment of Federal Government palliative arising from fuel subsidy removal.

Signature

Date