



LOSS OF JOB CONSENT FORM

This Consent Form is in line with Section 7 (2) (b) of the Pension Reform Act (PRA), 2014 "which gives an employee the option of withdrawing an amount of money not exceeding 25 per cent of the total amount credited to his/her retirement savings account.

Wherein, I.....of.....
..... (Residential Address)
do hereby declare that I have been properly enlightened on the effect of collecting 25% of my Retirement Saving Account balance. I confirm that I am aware that I am not entitled to any further withdrawals until the attainment of the age of Fifty (50) years and as provided by the PRA 2014.

SIGNATURE:

DATE:

TELEPHONE NUMBER:

E-MAIL ADDRESS: