FIDELITY
PENSION MANAGERS LIMITED

Passport Photo

RSA BENEFIT APPLICATION FORM

Please fill in CAPITAL LETTERS

RSA Holder Details

RSA PIN

P E N

Title (Mr., Mrs., Miss, Ms. Dr.)

BANK VERIFICATION NUMBER (BVN)

Surname

Middle Name

First Name

Date of Birth (DD/MM/YYYY)

Gender

☐ Male ☐ Female

Mobile Number 2

+ -

Mobile Number 1

+ -

Last Employer Name

Email

Last Employer Address

Residential Address

Last Employer Email Address

Next of Kin Details

Title (Mr., Mrs., Miss, Ms. Dr.)

Surname

First Name

Middle Name

Mobile Number 1

+ -

Mobile Number 2

+ -

Email

Relationship

Residential Address

Town

Benefit Options

Options

☐ Lumpsum ☐ Programmed Withdrawal ☐ Annuity ☐ AVC ☐ Pre-Scheme ☐ 25% Lumpsum ☐ Enbloc Payment

Reason for Exit

☐ Retirement ☐ Termination/Resignation ☐ Medical Grounds

Date of Retirement (DD/MM/YYYY)

Receiving Bank

Tax Number (AVC Only)

Account Number

Account Name

Declaration

I, _____ of _____ declare that the information provided above is to the best of my knowledge true and accurate and I hereby agree to be liable for any liability resulting from the information given.

Client Signature

Date

Official Use Only

Staff Location

Staff Name & ID No

Signature & Date