

RETIREMENT SAVINGS ACCOUNT FORM

(PLEASE FILL IN CAPITAL LETTERS)



* Form No.

*Registration Type: New TPIN Regularization Statement Delivery Options: POST E-MAIL ONLY HOLD

SECTION 1: PERSONAL DATA

PEN
*TPIN

AGENT CODE

Names should be boldly written at the back of the passport photograph

Affix a Passport photograph with white plain background

1.a *Title (Mr, Mrs, Miss, Ms) Other

* Surname:

* First Name:

Middle Name

Mother's Maiden name:

*Nationality:

Bank Verification Number (BVN)

* Gender: M F * Marital Status: Married (MD): Single (SG) Divorced (DV) Widow/er (WD) Separated (SP)

** State of Origin (see code) (If Nationality is Nigerian)

** Local Government Area (see code) (If Nationality is Nigerian)

* Date of Birth (DD/MMM/YYYY) sample date 01/JAN/1985

* Place of Birth

* National Identity Number (NIN)

International Passport Number (Non-Nigerians only)

1.b Residential Address House No./ Name

Street Name

** Village/Town/City

** Local Government Area (see code)

* Country Code + * Mobile Tel No. -

E-mail Address

1.d Correspondence Address (Where you would want correspondences sent to)

* Building No./ Name

* Street Name

* Village/Town/City

* Country of Residence Code (see code)

** Zip Code (see code)

* Location: N A

P. O. Box/PMB

2.b Current Business Location/Address

Building No./Name:

Street Name:

** Village/ Town/ City:

** Local Government Area (see code)

** State Code: *Country code: ** Zip code:

P.O. Box/PMB

* Country: Code

*Employer's Phone no: (Country Code/Number)

Employer's Mobile: (Country Code/Number)

*Location: N A

2.c* Nature of Business

2.d Employee ID/No. (Formal & Cross-border Employee Only)

Service/ID No. (Police & Paramilitary Only)

** State of Posting Sector Code (see code)

Official E-mail Address (if any)

2.e Date of First Appointment (Public Sector - Federal and States LG) ** sample date 01/JAN/1985 (DD/MMM/YYYY)

*Date of Current Employment (Private Sector) sample date 01/JAN/1985 (DD/MMM/YYYY)

SECTION 4: NEXT OF KIN'S PERSONAL DATA

4.a Next of Kin's Personal Details

* Surname:

* First Name:

Middle Name:

4.b Correspondence Address

House No./Name

Street Name

E-mail Address

P.O. Box Zip code:

* Gender M F *Title (Mr., Mrs., Miss. & Ms)

* Relationship:

* Mobile Tel. (Nigerian no. if any)

** Village/Town/City

** State Code (see code)

** Local Government Area (see code)

* Country code:

*Location: N A

SECTION 2: EMPLOYMENT RECORDS

2. a* Employer Type

(Federal & State Employee 01) (Micro Pension Plan Contributor 03) (Private Sector Employees02) (Cross Border Employee 04)

(Fill code where applicable)

* Employer Name (in Full e.g. National Pension Commission NOT PenCom)

NOTE * = indicates mandatory fields ** = indicates Conditional mandatory fields

I understand that if my application to open a Retirement Savings Account is refused, I shall be properly notified by ARM Pension Managers. I understand that until the National Pension Commission issues a PIN for my Retirement Savings Account, and I am informed of such PIN by ARM Pension Managers, I have no contractual relationship with ARM Pension Managers. I understand that my Retirement Savings Account PIN shall be confidential and personal to me and I shall not make it available to any unauthorized persons. I hereby certify that I shall not utilize my Retirement Savings Account for any fraudulent or illegal purposes whatsoever. I agree to be bound by all the provisions of the Pension Reform Act 2014, any amendment thereof and all the Guidelines issued by the National Pension Commission and the Multifund Indemnity Clause.

*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.

Name: _____
 Address _____
 Reference No.
 **Signature & Date _____

FOR OFFICIAL USE ONLY

Does the applicant have any Physical challenge relating to Fingerprints? YES NO If YES: Tick Type: Partial Complete/ Others

This form was administered by: _____

Surname	Firstname	(Agent Code)	Designation

Signature			_____/_____/_____ (dd/mmm/yyyy) 01/JAN/1985

Check List for RSA Opening

- | | | |
|--|--------------------------|--------------------------|
| | Y | N |
| 1. Form properly filled out in uppercase | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Full Information Provided for: | | |
| Personal Data | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment Record | <input type="checkbox"/> | <input type="checkbox"/> |
| Next of Kin | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter of First Appoint or Attestation
(Public sector and Police) | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter of Employment or Appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| Photograph of impairment (for impaired individuals) | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of Nationality
(for Non-Nigerians) | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Evidence of Employment in Host Country
(Cross border) | <input type="checkbox"/> | <input type="checkbox"/> |

3. Proof of Identity:
- Staff ID
 - Passport
 - Drivers License
 - National ID
 - NIMC Slip
 - Other (Specify) _____

4. Proof of Address: Utility Bill Bank Statement Other _____

5. RCNumber/ Business Name of Employer (where required) _____

6. Passport Photo with full name on the back _____

COMMENTS: _____

APPROVAL _____