Photograph

BA FORM 01

RETIREMENT BENEFIT APPLICATION FORM

(Please complete with block letters)

DATE

ACCOUNT HOLDER'S PARTICULARS

PIN

P	E	N												

NSITF PARTICULARS

....

SURNAME **MIDDLE NAME** **FIRST NAME**

....

DATE OF BIRTH **EFFECTIVE DATE OF RETIREMENT**

PERMANENT HOME ADDRESS

.....

.....

MAILING ADDRESS

.....

.....

E-MAIL ADDRESS.....

HOUSE PHONE/MOBILE NO. .....

CURRENT EMPLOYMENT DETAILS

Employer's Name and Address

.....

.....

Staff ID No: ..... **Grade Level** .....

Designation .....

LAST PENSIONABLE SALARY

(a) Basic Salary (p.a.) ..... **(b) Housing Allowance (p.a.)** .....

(c) Transport Allowance (p.a.) .....**Total (₦)** .....

REASONS FOR RETIREMENT BENEFIT CLAIM (Please tick appropriate)

RETIREMENT ☐ MEDICAL REASONS ☐

DISENGAGEMENT ☐ VOLUNTARY RETIREMENT ☐

BENEFIT OPTION (please tick appropriate)

- PROGRAMMED WITHDRAWAL **MONTHLY** ☐ **QUARTERLY** ☐
- LUMP SUM (only for retirement before age of 50 yrs.) ☐
- LUMP SUM + PROGRAMMED WITHDRAWAL **MONTHLY** ☐ **QUARTERLY** ☐
- ANNUITY (please indicate the name of Insurance Company) ☐

.....

- LUMP SUM + ANNUITY ☐

BANK ACCOUNT DETAILS

BANK NAME.....BRANCH.....

ACCOUNT NO.....

Please see required documents on page 3

DECLARATION

I.....of.....

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

Signature and Date	Right Thumb Print	Left Thumb Print

DOCUMENTS REQUIRED:

- A copy of Letter of Employment or Letter of Last Promotion
- Letter of Notification of Retirement by the employer addressed to First Guarantee Pension Limited stating effective date of retirement, current work level and/or grade and reasons for retirement
- Copy of last pay slip
- Where retirement is due to medical incapability, a duly signed report to this effect by a qualified medical professional
- Two (2) passport photographs
- Duly completed First Guarantee Retirement Benefit Application Form (BA Form 01)
- Duly executed Programmed Withdrawal Agreement in place

FOR OFFICE USE ONLY

1. **Documentation Checklist :** Complete ☐ Incomplete ☐
2. **Documents Waived** .....
3. **RSA Balance** .....
4. **Retirement Bond Value**.....
5. **Total Retirement Benefit** .....
6. **Expected life span (by Actuary)** .....
7. **Lump Sum to be paid** .....
8. **Balance for programmed withdrawal/Annuity**.....
9. **Preferred Pension Payment Period :** Monthly ☐ Quarterly ☐

Amount.....

10. **Benefits Officer:** .....
    Name Sign Date
11. **Head, Benefits & Advisory:** .....
    Name Sign Date
12. **Internal Control check:** .....
    Name Sign Date
13. **Name of Bank/Account number** .....