

VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM

<u>PERSONAL DETAILS</u>	
Name	
PIN No (12 digits)	PEN.....
Employer	
Tax Payer ID (Employer)	
Employee Tax Identification Number (TIN)	
Phone Number	
Contact Address	
<u>BANK DETAILS</u>	
Bank Name	
Account Name	
Account No	
Bank Branch (where a/c was opened)	

<u>Current Employment Status (Please tick where appropriate)</u>	<u>YES</u>	<u>NO</u>
In Active Service		
Retired		

Kindly attach copies of the following documents to the form and return as soon as possible.

- Data Recapture Exercise – this is mandatory for ALL RSA holders (Active and Retired)
- Duly Filled FCMB Pensions Notice of Retirement form
- Appointment Letter/Retirement Letter
- Written application
- Two passport photographs
- Bank confirmation of account details
- Valid means of identification which must be any one of the following(National Identification card, International passport, Driver’s License)
- Copy of Tax Payers Identification Card or Tax clearance Certificate

Signature & Date:

THE PROCESSING OF RETIREMENT AND TERMINAL BENEFITS IS DONE **FREE OF CHARGE** FOR BOTH RETIREES AND NEXT OF KIN OF DECEASED RSA HOLDERS. ANY DEMAND FOR ANY PAYMENT IS ILLEGAL AND SUCH SHOULD BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE HEAD OF HUMAN RESOURCES AND ADMINISTRATION OR CALL 09-4613500-9 OR E-MAIL info@fcmbspensions.com FOR APPROPRIATE ACTION. PLEASE NOTE THAT OUR COMPANY ACCEPTS NO LIABILITY FOR MONETARY



Appendix 2

VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM

This Withdrawal Form is in line with Clause 3.22 of the Voluntary Contributions Guidelines

Wherein, I.....of..... (Residential Address)do hereby declare that I have been properly enlightened on the types of Voluntary Contributions Withdrawals.

Please find below details of my information provided and the agreed retirement benefit pay-out.

APPLICANTS PERSONAL INFORMATION AND BENEFIT PAY-OUT	
Pin Number	
Gender	
Date of Birth	
Current Age	
Voluntary Contributor Category	
Voluntary Contributions Balance	
Contingent/Fixed Amount ₦	
Amounts Requested ₦	

SIGNATURE:.....

DATE:.....

TELEPHONE NUMBER:.....

EMAIL ADDRESS:.....



Appendix 7

CONSENT FORM FOR VOLUNTARY CONTRIBUTIONS WITHDRAWAL

This Withdrawal Form is in line with Clause 4.4 (V) of the Voluntary Contributions Guidelines

Wherein, I.....of..... (Residential Address)do hereby declare that I have been properly enlightened on the types of Voluntary Contributions Withdrawals.

Please find below details of my information provided and the agreed retirement benefit pay-out.

APPLICANTS PERSONAL INFORMATION AND BENEFIT PAY-OUT	
Pin Number	
Gender	
Date of Birth	
Current Age	
Voluntary Contributor Category	
Date of Retirement	
Voluntary Contributions Balance	
Amounts Requested ₦	

SIGNATURE:.....

DATE:.....

TELEPHONE NUMBER:.....

EMAIL ADDRESS:.....