



**PERSONAL PENSION PLAN CONTINGENT WITHDRAWAL
FORM**

**RECENT
PASSPORT
PHOTOGRAPH**

PERSONAL DETAILS	
Name	
PIN No (12 digits)	PEN.....
Employer	
Tax Payer ID (Employer)	
Employee Tax Identification Number (TIN)	
Phone Number	
Contact Address	
BANK DETAILS	
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.

- Business name (photocopy of CAC incorporation certificate)
- Written application
- Two passport photographs
- Bank confirmation of account details
- Identification card, International passport, Driver’s License)
- Copy of Tax Payers Identification Card or Tax clearance Certificate

Signature & Date:

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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 DEMANDS BY ANY STAFF