FCMB Pensions

Affix a Recent Passport Photograph

REQUEST FOR CHANGE OF BANK ACCOUNT
(For retirees on Programmed Withdrawal)

RSA PIN: PEN _____

Surname: _____

First Name: _____

Middle Name: _____

Former Employer: _____

Date of Birth: _____ **Date of Retirement:** _____

Mobile Number(s): _____

Current Contact Address: _____

_____

Old Bank Details

Account Number: _____

Bank Name: _____

New Bank Account Details

Account Number: _____

Account Name: _____

Bank Name: _____

Bank Branch: _____

Declaration By Retiree
I hereby declare that the Bank Account details provided above are correct and accurate. I also willfully give my consent to FCMB Pensions to change my receiving bank as highlighted above.

Retiree's Signature: _____ **Date:** _____

For Official Use
I certify that I have seen the above retiree and have confirmed the retiree biometrics to be the same as on the database.

CSO/Sales Agent's Name: _____

CSO's Signature: _____ **Date:** _____

Note: Please attach a valid means of identification, bank's confirmation of account and a hand written application signed by the retiree.

FCMB Pensions hereby guarantees adequate protection and privacy of your personal information in line with the **Nigeria Data Protection Act (2023)** and will ensure at all times that the information/data collected (online or offline) from you will only be used for lawful purposes.