FCMB Pensions

APPENDIX 1 – AUTHORIZATION FORM

Confidential

The Managing Director
FCMB Pensions Limited
Plot 207, Zakaria Maimalari Street
Cadastral Zone, AO CBD
Abuja

Dear Sir,

CONSENT TO PAY 25% OF MY RETIREMENT SAVINGS ACCOUNT BALANCE FOR TEMPORARY LOSS OF EMPLOYMENT

Having earlier utilized a portion of my Retirement Savings Account (RSA) balance as equity contribution for Residential Mortgage, I have been duly informed about the impact accessing 25% of RSA Balance due to my temporary loss of employment, would have on my retirement benefits at retirement.

I am also aware that the withdrawal of 25% from my RSA shall be once, in line with clause 2.1.1(e) of the Revised Regulation on the Administration of Retirement and Terminal Benefits, and that when my employer augments any remittance shortfall or remits my outstanding pension contributions, I shall not request a withdrawal of same from my RSA until I have attained the age of 50 years.

Notwithstanding the above, I hereby authorize FCMB Pensions my PFA to pay 25% of my RSA balance as at the date of submission of my request, due to temporary loss of my employment.

Name: ……

RSA PIN: ……

Mobile Number: ……

Signature: ……

Date: ……

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

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TEMPORARY ACCESS (25%) CONSENT FORM

This **Consent Form** is in line with Section 7 (2) of Pension Reform Act (PRA), 2014 for processing of Temporary Access of 25% of the RSA balance for an Employee of Federal Government Treasury Funded, Ministries, Department and Agencies. Wherein, I……of (address) …… do hereby declare that I affirmed that 25% payments would be based on RSA balance, as at the date of application, pending the release of Accrued Rights and or Outstanding Contributions by the National Pension Commission. I also agree that no further payment would be made to me until I turn 50 years.

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

RSA HOLDER'S PERSONAL INFORMATION AND BENEFIT PAY-OUT	
Name	
RSA PIN	
Gender	
Date of Birth (DD-MMM-YYYY)	
Current Age	
Date of Retirement /Disengaged/ Resignation (DD-MMM-YYYY)	
RSA Balance as at date of temporary access application ₦	
25% Entitlement N	
PenCom Enrolment Status	Yes☐ No☐

Signature……

Date:……..

Mobile Number:…….

E-mail Address:……...

Note: Enrolment & Verification is mandatory for all disengaged/retired employees of the Federal Government treasury funded Ministries Departments & Agencies (MDAs).

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Appendix 3

PERSONAL PENSION PLAN CONTRIBUTOR'S AUTHORIZATION FORM

The Managing Director
FCMB Pensions Limited
Plot 207 Zakaria Maimalari Street
Cadastral Zone, AO CBD
Abuja.

Dear Sir,

AUTHORIZATION FOR APPLICATION OF 25% OF MY RETIREMENT SAVINGS ACCOUNT BALANCE AS EQUITY CONTRIBUTION TOWARDS RESIDENTIAL MORTGAGE FROM MY RSA

I have been duly informed of the impact applying a percentage of my Retirement Savings Account (RSA) Balance as equity contribution for Residential Mortgage would have on my Retirement Savings Account (RSA) Balance at retirement. I am also aware that the maximum allowable equity contribution accessible shall not be higher than 25% of my RSA balance.

Furthermore, as a Micro Pension Contributor, I consent that the application of a percentage of my RSA balance for equity contribution for residential mortgage shall be once in line with clause 3.4 of the Guidelines on Accessing the Retirement Savings Account balance towards payment of Equity Contribution for Residential Mortgage.

Notwithstanding the above, I hereby authorize FCMB Pensions my PFA to pay **25%** of RSA Balance as at the date of submission of my request, as equity contribution for residential mortgage, irrespective of the percentage of equity contribution required by the Mortgage Lender. However, where the value of 25% of RSA balance is higher than the required equity contribution, I shall only access an amount equivalent to the equity contribution required by the Mortgage Lender. Conversely, where the value of 25% of the RSA is lower than the equity contribution required by the Mortgage Lender, I shall ***deposit the difference*** with the Mortgage Lender before the release of 25% of my RSA balance *by my PFA*.

Additionally, I have also been informed of the option to include my Contingent Portion of my RSA to augment the equity contribution in the event that 25% of my RSA balance is insufficient to pay the 25% equity contribution to the Mortgage Lender. Tick the box below if you agree that your CP is to be included.

Contingent Portion ☐

Thank you for your co-operation.

Yours faithfully,

Name: ……

RSA PIN: ……

Mobile Number: ……

Signature: ……

Date: ……

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Appendix 2

The Managing Director
FCMB Pensions Limited
Plot 207 Zakaria Maimalari Street
Cadastral Zone, AO CBD
Abuja.

Dear Sir,

CONSENT TO PAY FOR EQUITY CONTRIBUTION TOWARDS RESIDENTIAL MORTGAGE FROM MY RSA

☐ Tick if you had accessed RSA due to Temporary loss of Employment.

☐ Tick if this is a Joint Application.

Having earlier accessed 25% of my Retirement Savings Account (RSA) balance due to loss of employment, I have been duly informed about the impact of applying 25% of my RSA balance as equity contribution for Residential Mortgage would have on my retirement benefits at retirement. I am also aware that the maximum allowable equity contribution accessible shall not be higher than 25% of the balance in my RSA.

Furthermore, I consent that application of a percentage of my RSA balance for equity contribution for residential mortgage shall be once, in line with the clause 3.4 of the Guidelines on Accessing the Retirement Savings Account balance towards payment of Equity Contribution for Residential Mortgage by RSA Holders.

Notwithstanding the above, I hereby authorize **FCMB Pensions Ltd** to pay 25% of my RSA balance as at the date of submission of my request**,** as equity contribution for residential mortgage, irrespective of the percentage of equity contribution required by the Mortgage Lender. However, where the value of 25% of my RSA balance is higher than the equity contribution required by the Mortgage Lender, I shall only access an amount equivalent to the equity contribution required by the Mortgage Lender. Conversely, where the value of 25% of the RSA is lower than the equity contribution required by the Mortgage Lender, I shall ***deposit the difference*** with the Mortgage Lender before the release of 25% of my RSA balance by my PFA.

I have also been informed of the options to include my Voluntary Contributions contingent portion, NSITF and Pre-Scheme Contribution to augment the equity contribution in the event that 25% of my RSA balance is insufficient to pay the 25% equity contribution to the Mortgage Lender. Tick the box(es) below if you want to include any of the above options.

VC Contingent ☐ **NSITF** ☐ **Pre-Scheme Contribution** ☐

Thank you for your co-operation.

Yours faithfully,

Name: ……..

RSA PIN: ……..

Mobile Number: …….

Signature: ……. …….

Date: ……..

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ANNUITY TRANSFER CONSENT FORM

Programmed Withdrawal/Annuity Agreement executed by me on DD/MMM/YYYY

Full Name:_____

Address: _____

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

THE RETIREE'S PERSONAL INFORMATION AND BENEFIT PAY-OUT

RSA PIN:
Gender:
Date of Birth:
Age at Retirement:
Date of Retirement:
RSA Balance (₦):
Lumpsum (if any) (₦):
Monthly/Quarterly Pension (₦):
Arrears Amount (if any) (₦):
Total Upfront Payment (₦):
Difference (for the purchase of annuity premium) (₦):

Signature:……

Date:……

Mobile Number:……..

Email Address:……..

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CONSENT FORM FOR PAYMENT OF PW FROM PENSION PROTECTION FUND (RETIREES WITH DEPLETED RSAs)

RSA PIN P E N

PLEASE ATTACH CURRENT PASSPORT PHOTOGRAPH HERE

(Also attach a valid means of ID)

Surname

First Name

Middle Name

MDA

Date of Retirement

Mobile Number

Permanent Address

E-mail Address

Current RSA Balance

Monthly PW Amount

Monthly PW Start Date

Monthly PW Depletion Date

DECLARATION

I hereby acknowledge that the balance in my RSA is insufficient to sustain the payment of my monthly pension due to payments of retirement benefits made to me. Subsequent payment of monthly pension shall be made from the Pension Protection Fund Levy pending the commencement of the Minimum Pension Guarantee as directed by PenCom.

Note: Attach a valid means of Identification and banker's confirmation of account

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Retiree's (Signature & Date)

Customer Service Officer (Name/Signature & Date)

Happy retirement life from all of us at FCMB Pensions Limited

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