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Tel: 0700AIICOPFA (070024426732).

AFFIX YOUR PASPORT
PHOTOGRAPH HERE

BENEFIT APPLICATION/EXIT FORM

I hereby apply for withdrawal from my Retirement Savings Account (RSA). Find below my application details

PIN

SURNAME

FIRST NAME

OTHER NAME

CURRENT RESIDENTIAL ADDRESS/MAILING ADDRESS

CITY

STATE

MOBILE NUMBER

HOME PHONE NUMBER

EMAIL ADDRESS

REASONS FOR EXIT

RETIREMENT

TERMINATION

RESIGNATION

MEDICAL

EFFECTIVE DATE OF RETIREMENT/EXIT

CLASS OF BENEFIT

LUMP SUM + PROGRAMME WITHDRAWAL

MONTHLY

QUARTERLY

LUMPSUM + ANNUITY

ENBLOC

LOSS OF JOB (25%)

VOLUNTARY CONTRIBUTION

BANK ACCOUNT DETAILS

BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER

SORT CODE

NEXT OF KIN DETAILS

SURNAME

FIRST NAME

OTHER NAME

CONTACT ADDRESS

STATE

MOBILE NUMBER

RELATIONSHIP TO RSA HOLDER

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

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

I hereby certify that this application was duly completed and submitted along with the required documents. I also confirm that original documents were duly sighted by me at the point of application submission and that he/she is alive and appeared before me today.

NAME OF RECEIVING OFFICER

SIGNATURE/DATE

BRANCH/SERVICE CENTRE