

LOCATION: **DATA CORRECTION FORM**

COMPULSORY DATA (As filled on Enrolment Form)

SURNAME																								
FIRST NAME																								
RSA PIN	P E N																							
EMAIL ADDRESS																								
MOBILE NUMBER													GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE									
FILE ID/SERVICE NUMBER																								

IMPORTANT INSTRUCTION: Please complete ONLY the fields to be corrected in section 1 – 4

1. CHANGE OF PERSONAL INFORMATION (For change of Name & Date of Birth, See reverse for required Documents)

(a) Surname																								
(b) First Name																								
(c) Middle Name																								
(d) Title																								
(e) Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	(f) Marital Status	<input type="checkbox"/> S/M/D/SP												
(g) Mobile Number																								
(h) Email Address																								

2. CHANGE OF ADDRESS (Residential)

(a) Home Address																								
(b) LGA (of Home Address)																								
(c) State																								

3. CHANGE OF EMPLOYER DETAILS

(a) Name of Organisation																								
(b) Address of Organisation																								
(c) LGA																								
(d) File / ID / Service Number																								
(e) Designation																								
(f) RC Number (If known)																								

4. CHANGE OF NEXT OF KIN

(a) Surname																								
(b) First Name																								
(c) Middle Name																								
(d) Title													(e) GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female									
(f) Relationship																								
(g) Residential Address																								
(h) LGA																								
(i) State																								
(k) Email Address																								
(j) Mobile Number																								

5. E – STATEMENT MANDATE

Would you like to migrate to E-Statements only YES NO

The above mandate authorizes Leadway Pensure PFA Ltd to update my records as well as subscribe my RSA for e - statements only as checked by me on this form.

Customer's Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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NOTE: "It is dangerous to disclose either your PENCOM PIN or RSA access password to anybody or give us (your PFA) someone else's telephone number as your contact number. Doing any of these could lead to disclosure of your confidential information to unauthorized persons. Leadway Pensure PFA will not be liable for any damages that may arise from such acts".

CHECK LIST OF REQUIRED DOCUMENTS

Change of Name	Change of Date of Birth (Public Sector - Federal & State)	Change of Date of Birth (Private)
1. Application Letter from participant stating his/her reason(s) for the change 2. Newspaper Publication (Photocopy) 3. Sworn Affidavit 4. Marriage Certificate(Where Applicable)	1. Application Letter from participant stating his/her reason(s) for the change 2. Participant’s Birth Certificate or Sworn Declaration of Age 3. Letter from Employer or Ex-employer (exited staff) confirming the new date of birth 4. A copy of records of Service indicating the participant’s DOB 5. A copy of PenCom’s Retirement Benefit Registration Slips (If Applicable)	1. Application Letter from participant stating his/her reason(s) for the change 2. Participant’s Birth Certificate or Sworn Declaration of Age 3. Letter from Employer or Ex-employer (exited staff) confirming the new date of birth

N.B.

1. Completed Data correction forms **MUST** be accompanied with appropriate supporting document(s) as stated under the checklist above
2. All DOB applications should have Day, Month and Year (DD/MM/YYYY)

FOR OFFICIAL USE

Kindly confirm from the participant, current correspondence delivery status of: physical statements; E- Statements and SMS notification alerts. Tick box below accordingly

Correspondence Status: E-Statement Delivery Yes No SMS Delivery Yes No Hardcopy Statements Delivery Yes No

Checked by:
(STAFF NAME)

Signature:

Date:/...../20.....

COMPLAINTS UNIT ONLY

Change effected by:

Signature:

Date:/...../20.....

Authorized by:

Signature:

Date:/...../20.....