



**APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT. - MEDICAL GROUNDS.**

I hereby apply for withdrawal from my Retirement Savings Account (RSA). Find below my application details:  
 RSA Number \_\_\_\_\_ Date: (dd-mm-yyyy) \_\_\_\_\_

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**Affix Passport Picture Here**  
 (Kindly write your RSA PIN on the reverse side)

Title	Surname	First name	Other names
Sex	E-mail	Date of Birth (dd-mm-yyyy)	

**Residential address** (Kindly note that the address & phone number would be used for further correspondence with you)

_____
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Mobile Number	_____	Alternate Number	_____
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**NOK Details**

NOK Name (Surname First)	_____	NOK Telephone Contact	_____
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**Last Employer details**

Employer Name	_____		
Department	_____	Designation	_____

**Bank Payment details**

Bank Account Number	_____	Bank Name	_____	Bank Branch	_____
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Kindly provide us with any of the following documents below to further validate the bank details provided above.  
 Kindly tick the correct option provided.

Bankers Confirmation Letter	<input type="checkbox"/>	Statement of Account	<input type="checkbox"/>	Photocopy of Cheque-leaflet	<input type="checkbox"/>
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Please note: ONLY applications with complete documents would be accepted and processed.

APPLICATION CHECK LIST FOR MEDICAL GROUNDS	Official Use
Separation letter (based on health condition)	
Letter from ex-employer on accrued (private)	
Document validating Bank details	
Age declaration/Birth certificate	
Retirement Benefit Registration Slip (public)	
A passport picture	
Proof of enrollment with LPPFA	
Medical report	

**Note: ALL alterations on this form MUST be counter signed by the Customer.**

I confirm that the information supplied above by me is true and correct and hereby indemnify LEADWAY PENSURE PFA LTD, and its officers from any liability whatsoever arising out of untrue information provided by me above.

..... <b>Customer's Name</b>	..... <b>Customer's Signature &amp; Date</b>
<b>OFFICIAL USE</b>	
Confirm Passport picture of customer with physical appearance	Confirm Signature (branches with midas)

I hereby certify that original copies of all documents submitted were sighted by me, and the application was duly completed.

..... <b>Name of Receiving Officer.</b>	..... <b>Signature &amp; Date</b>	..... <b>Branch Telephone number</b>
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**Acknowledgement--Customer's copy**

**PEN**..... **Name of Customer**.....

Bank Account Number	_____	Bank Name	_____	Bank Branch	_____
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**APPLICATION CHECK LIST**

Separation letter (based on health condition)		A passport picture		<b>Note: ALL alterations on this form MUST be counter signed by the Customer.</b>
Letter from ex-employer on accrued (private)		Proof of enrollment with LPPFA		
Document validating Bank details		Medical report		
Age declaration/Birth certificate				
Retirement Benefit Registration Slip (public)				

..... <b>Name of Receiving Officer.</b>	..... <b>Signature &amp; Date.</b>	..... <b>Branch Telephone number</b>
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**Dear Customer, kindly ensure to collect and keep this acknowledgement for record purpose. For further enquiries, please contact us on 01-2800800 or 01-7644463. We shall also update you on the progress of your application at every stage of processing till payment of your benefit**