



APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT. - LEGACY.

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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P	E	N																				

**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)

Mobile Number											Alternate Number										
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NOK details

NOK Name (Surname First)											NOK Telephone number										
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Last employer details

Employer Name														
Department										Designation				

Bank Payment details

BVN

Bank Account Number											Bank Name										
											Bank Branch										

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 PRE-ACT CONTRIBUTIONS (LEGACY).	Official Use
Separation letter	<input type="checkbox"/>
Confirmation of pre-act by employer	<input type="checkbox"/>
A passport photograph	<input type="checkbox"/>
Document validating Bank details	<input type="checkbox"/>

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.

.....
Customer's Name **Customer's Signature & Date**

OFFICIAL USE

Confirm passport picture of customer with physical appearance	<input type="checkbox"/>	Confirm signature (branches with midas)	<input type="checkbox"/>
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I hereby certify that original copies of all documents submitted were sighted by me, and the application was duly completed.

.....
Name of Receiving Officer. **Signature & Date** **Branch Telephone number**

✂-----
Acknowledgement--Customer's copy
 -----✂

Pen..... Name of Customer.....

Bank Payment details.

Bank Account Number	Bank Name	Bank Branch																																																															
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APPLICATION CHECK LIST

Separation letter	<input type="checkbox"/>
Confirmation of pre-act by employer	<input type="checkbox"/>
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Privacy Statement - Consent Clause

Leadway Pensure PFA is strongly committed to protecting your privacy. The information in this document is collected from you primarily to make for easier and more rewarding administrative purposes. You have the right to give and also withdraw your consent to the collection and processing of your information at any time. By filling this form, you agree that the information you provide can be used for the stated purposes. For further information, please visit <https://leadway-pensure.com/privacy/>.

.....
Name of Receiving Officer. **Signature & Date.** **Branch Telephone Details**

Dear Customer, kindly ensure to collect and keep this acknowledgement for record purpose. For further enquiries, please contact us on 01-2800800 or 07007367873. We shall also update you on the progress of your application at every stage of processing till payment of your benefit