APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT-DEATH BENEFIT (PRIVATE)

Customer details

RSA number

P	E	N												

Date: (dd-mm-yyyy)

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

Title	Surname	First name	Other names

Administrator /Beneficiary Details

Title	*Surname*	*First name*	*Othernames*

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

E-mail

BANK PAYMENT DETAILS

Bank Account Number	Bank Name	Bank Branch	BVN

Kindly provide us with a **Bankers Confirmation Letter** to further validate the bank details provided above.

APPLICATION CHECK LIST FOR **DEATH BENEFIT (PRIVATE)**

Certified true copies (3) of LOA or Will admitted to Probate		Confirmation of Group Life policy	
Death certificate		Accrued Rights confirmation from the Employer	
Police report (if death is by accident)			
Estate Account/ Administrator designated Account			
Power of Attorney *(Where not all the administrators are signatory to the bank account)*			
A Passport picture each of deceased and administrators			
Proof of enrollment with LPPFA			
Means of Identification for all Administrators /NOK			

Application will only be processed if they include ALL the required documents.

I/We confirm that the information supplied above by me/us 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/us above.

....

Administrator 1 & Sign *Mobile 1* ***Administrator 2 & Sign*** *Mobile 2* ***Administrator 3 & Sign*** *Mobile 3*

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 Details*

✂ - ✂

....Acknowledgement--**Customer's Copy**..

....

Administrator 1 & Sign ***Administrator 2 & Sign*** ***Administrator 3 & Sign***

BANK PAYMENT DETAILS

Bank Account Number	Bank Name	Bank Branch

APPLICATION CHECK LIST

Certified true copies (3) of LOA or Will admitted to Probate		Confirmation of Group Life policy	
Death certificate		Accrued Rights confirmation from the Employer	
Police report (if death is by accident)			
Estate Account/ Administrator designated Account			
Power of Attorney *(Where not all the administrators are signatory to the bank account)*			
A Passport picture each of deceased and NOKs/Administrator			
Proof of enrollment with LPPFA			
Means of Identification for all Administrators /NOKs			

....

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 01-7644463.

We shall also update you on the progress of your application at every stage of processing till payment of your benefit.

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/.