

## APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT.- AVC.

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

RSA Number

Date: (dd-mm-yyyy)

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 |
|---------------|------------------|

**NOK details**

|                          |                      |
|--------------------------|----------------------|
| NOK Name (Surname First) | NOK Telephone Number |
|--------------------------|----------------------|

**Employer details**

|  |            |             |
|--|------------|-------------|
| Employer Name                          | Department | Designation |
| <b>Tax identification number (TIN)</b> |            |             |

**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 | Statement of Account | Photocopy of Cheque-leaflet |
|-----------------------------|----------------------|-----------------------------|

**Please note: ONLY applications with complete documents would be accepted and processed.**

|                                       |                     |   |
|---------------------------------------|---------------------|---|
| <b>APPLICATION CHECK LIST FOR AVC</b> | <b>Official Use</b> |   |
| A passport photograph                 |                     | <b>Note that income earned on Voluntary Contributions is subject to Personal Income Tax where withdrawn within 5 years.</b> |
| Document validating bank details      |                     |   |
|                                       |                     |   |

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

Value of AVC as at date

Amount requested

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 above by me.

|   |   |
|---|---|
| .....<br><b>Customer's Name</b>                               | .....<br><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.

|  |                                      |   |
|--|--------------------------------------|---|
| .....<br><b>Name of Receiving Officer.</b> | .....<br><b>Signature &amp; Date</b> | .....<br><b>Branch Telephone number</b> |
|--|--------------------------------------|---|

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

|   |   |   |
|---|---|---|
| PEN.....  | Name of Customer.....                                   |   |
| <b>Bank Payment Details</b>                             |   |   |
| Bank Account Number                                     | Bank Name:  | Bank Branch   |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

**Application check list**

|                                  |  |   |
|----------------------------------|--|---|
| A passport picture               |  |   |
| Document validating bank details |  | <b>Note that income earned on Voluntary Contributions is subject to Personal Income Tax where withdrawn within 5 years.</b> |
|                                  |  |   |
|                                  |  |   |

**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/>

|  |                                       |  |
|--|---------------------------------------|--|
| .....<br><b>Name of Receiving Officer.</b> | .....<br><b>Signature &amp; Date.</b> | .....<br><b>Branch Telephone Details</b> |
|--|---------------------------------------|--|

**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**