



### 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

P	E	N																	
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Date: (dd-mm-yyyy)

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 Contact
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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	Statement of Account	Photocopy of Cheque-leaflet
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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	
Letter of Employment	
Official ID (staff ID with any Regulatory ID card)	

**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.

<i>Customer's Name</i>	<i>Customer's Signature &amp; Date</i>
<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.

<i>Name of Receiving Officer.</i>	<i>Signature &amp; Date</i>	<i>Branch Telephone number</i>
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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 (based on health condition)	A passport picture
Letter from ex-employer on accrued (private)	Proof of enrollment with LPPFA
Document validating Bank details	Medical report
Age declaration/Birth certificate	Letter of Employment
Retirement Benefit Registration Slip (public)	Official ID (staff ID with any Regulatory ID card)

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

<i>Name of Receiving Officer.</i>	<i>Signature &amp; Date.</i>	<i>Branch Telephone number</i>
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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 07007367873.**  
**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.com>.