LEADWAY pensure

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	BVN
		Bank Branch	

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

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

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

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