LEADWAY® pensure

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

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

BVN

Bank Account Number							Bank Name										
							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	Copy of First Appointment letter	
Death certificate	Copy of Payslip as at 30th June 2004	
Police report (if death is by accident)	Copy of Payslip within the year of demise	
Estate Account/ Administrator designated Account	Copy of Declaration of Age/Birth certificate	
Power of Attorney (*Where not all the administrators are signatory to the bank account*)	Letter of Introduction from Ministry/Dept./Agency, stating date of birth, date of death, grade level and step as at death	
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.

……………………………………   ………………………………   ………………………………………..

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

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

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.