

Benefits Withdrawal Application Form

(Please complete with block letters)



Guaranty Trust Pension Managers
RC 681066

I hereby apply to Guaranty Trust Pensions Managers Limited to withdraw from my Retirement Savings Account (RSA).
My application details are as follows:

Account Holder's Data

RSA PIN TITLE

First Name

Middle Name

Surname

E-mail Address

Date of Birth Gender (M/F)

day month year

Last Employer's Name

Last Employer's Address

Last Employer's E-mail Address

EFFECTIVE DATE OF RETIREMENT (Retirees Only)

day month year

Residential Address

State

Phone No.

E-mail

Benefits Withdrawal (Kindly tick the Reason for withdrawal with the number attached to the withdrawal option)

Benefits Withdrawal Options	Reason for Benefit Withdrawal	Options Available
1. <input type="checkbox"/> Lump Sum + Monthly Programmed Withdrawal	<input type="checkbox"/> Retirement (1,2,3,4,6,7,8)	_____
2. <input type="checkbox"/> Lump Sum + Quarterly Programmed Withdrawal	<input type="checkbox"/> Voluntary Retirement	_____
3. <input type="checkbox"/> Monthly Programmed Withdrawal	<input type="checkbox"/> Termination (5)	_____
4. <input type="checkbox"/> Quarterly Programmed Withdrawal	<input type="checkbox"/> Health Grounds (12,3,4,6)	_____
5. <input type="checkbox"/> 25% Lump Sum		_____
6. <input type="checkbox"/> Enbloc		
7. <input type="checkbox"/> Annuity ***		
8. <input type="checkbox"/> Additional Voluntary Contribution (AVC)		
9. <input type="checkbox"/> Micro Pensions		

***ANNUITY

(State the name of Insurance Company & Attach provisional Annuity Agreement)

Insurer Name:

MEDICAL REASONS

(State the reason for retiring on medical grounds if ticked above and attach medical certificate)

Bank Account Details

Receiving Bank Name: Branch:

Account Name (must be the same as RSA Holder's):

Account Number

Note: Please see required documents behind and note that only applications with ALL the required documents will be processed. If any document is missing, the application will be considered INCOMPLETE and will NOT be ACCEPTED until all documents are submitted.

Declaration

I.....of.....
..... declare that the information provided above is to the best of my knowledge true and accurate and hereby indemnify Guaranty Trust Pension Managers Limited and its officers of any liability whatsoever arising out of the information provided by me above.

Signature & Date

Right Thumbprint

Left Thumbprint

Passport Photograph
(white background)

(Write your RSA PIN behind)

Documents required to be attached to this application form:

- Letter of Notification of Retirement by the employer stating reason(s) for retirement
- Copy of last pay slip or official evidence of last emolument
- Duly signed report of a qualified physician (for retirement on medical grounds)
- 2 recent passport photographs.
- Official certification of retirement and outstanding/accrued pension rights from employer (for private sector only)
- Acceptable means of Identification of Retiree (either Company ID Card, Driver's License, Int'l Passport, National ID or bank confirmation).
- Evidence of registration with PenCom for FGN Retirement Bond (for retiree in public sector where applicable)
- Duly executed Retiree Indemnity form (for public sector only)
- Birth certificate/declaration of age.

FOR OFFICIAL USE ONLY

I hereby certify that this application was duly completed and submitted along with required documents. I also confirm that originals of documents are sighted by me at point of application submission.

Name of Officer: _____ Signature & Date: _____ Receiving Officer: _____

Benefit Administration

1. Amount Processed for Payment

Lumpsum: ₦ Programmed Withdrawal: ₦

Arrears: ₦ Enbloc: ₦

Total: ₦

2. Processed By: (Name, Sign & Date)

3. Verified By: (Name, Sign & Date)

4. Internal Audit: (Name, Sign & Date)

5. Head Benefit: (Name, Sign & Date)