

Equity Mortgage Application Form

(Please complete in black letters)



Guaranty Trust Pension Managers
R1 68566

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

Account Holder Data

TITLE RSA PIN P E N

First Name

Middle Name

Surname

E-mail Mobile No.

Date of Birth Gender: Male Female Date

Mortgage Application Type: Single Joint

Details of Mortgage Lender

Full Name:

Full Address:

Mortgage Lender Approved: Yes No

Details of Property

Name of Property Owner

Address of Property

Type of Property: Bungalow Duplex Semi-Detached Fully Detached Terraced Others

No. of Bedrooms Total value of Property

Other descriptions of the property _____

Eligibility

Total value of RSA Balance (as at date of applying for RSA Statement)

Total Equity Amount (equal or less than 25% of RSA Balance)

Data Recapture Done: Yes No

Accessed 25% Contingent Withdrawal Yes No

No. of Years till Retirement

Length of Monthly Remittance: _____ Months

Data Privacy

The company takes your privacy seriously and only processes your personal information to make your experience better. In accordance with NDPR and other applicable regulations, signing below indicates your consent to the processing of your personal data by Guaranty Trust Pension Managers, its strategic partners/service providers, Guaranty Trust Holding Company and its subsidiaries as detailed in our Privacy Policy available at <https://www.gtpensionmanagers.com/our-privacy-policy/>

Signature _____

Date:

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day month year

For Official Use Only (Attach Supporting Documents) mandatory

*Please tick the appropriate box

- | | | |
|--|--|--|
| <input type="checkbox"/> Mortgage Application Form | <input type="checkbox"/> Property Offer Letter | <input type="checkbox"/> Loan Amount |
| <input type="checkbox"/> Required Equity Contribution | <input type="checkbox"/> Account Details (Mortgage Lender) | <input type="checkbox"/> Indemnity by Mortgage Lender to PFA |
| <input type="checkbox"/> Payment Evidence of Difference in Equity Contribution | | |

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: _____ Signature & Date: _____

Benefit Administration

1. Amount Processed for Payment

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)