

# BENEFITS WITHDRAWAL APPLICATION FORM



Guaranty Trust Pension Managers  
RC 021560

(Please complete with block letters)

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

## Account Holder's Data

RSA PIN: P E N

Title (Mr/Mrs/Miss/Dr/Other) \_\_\_\_\_ Surname \_\_\_\_\_

Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (as supplied on RSA registration)  day  month  year Effective Date of Retirement  day  month  year

Marital Status: Married  Single  Divorced  Widowed  Others (Pls specify)

Current contact/mailling address (traceable street address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone no(s): Mobile  Others \_\_\_\_\_

E-mail \_\_\_\_\_

Last Employment Details: \_\_\_\_\_

Last Employer's Name: \_\_\_\_\_

Last Employer's Address: \_\_\_\_\_

Staff ID No: \_\_\_\_\_ Grade Level \_\_\_\_\_ Position: \_\_\_\_\_

## Reason(s) For Benefits Withdrawal

(Please tick appropriately): Retirement  Medical Reasons  Disengagement   
Resignation  Voluntary Contribution Withdrawal

## Benefits Withdrawal Options

- (please tick one):
- i Monthly Programmed Withdrawal (MPW)
  - ii Quarterly Programmed Withdrawal (QPW)
  - iii Lump Sum + Monthly Programmed Withdrawal
  - iv Lump Sum + Quarterly Programmed Withdrawal
  - v 25% Lump Sum (only for retirement before age of 50 yrs.)

vi Annuity Options (also tick one of the options below)   
Annuity Only  Lumpsum + Annuity  Annuity + MPW  Annuity + QPW

(State the name of Insurance Company & attach Provisional Annuity Agreement)

Insurer Name \_\_\_\_\_

**Bank Account Details**

Bank Name \_\_\_\_\_ Branch: \_\_\_\_\_

Account Name (must be the same as RSA Holder) \_\_\_\_\_

Account No.:  Sort Code:

**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  
(Write your RSA PIN behind)

**Data Privacy**

The company takes your privacy seriously and only processes your personal information to make your experience better. In accordance with GDPR 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:  day  month  year

## Required Documents

Please see required documents below 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.

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

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day month year

Receiving Office \_\_\_\_\_ Benefit Administration \_\_\_\_\_

### Amount Processed for Payment

Lumpsum ₦ \_\_\_\_\_ Programmed Withdrawal: ₦ \_\_\_\_\_

Arrears: ₦ \_\_\_\_\_ Enbloc: ₦ \_\_\_\_\_

Total: ₦ \_\_\_\_\_

Processed by \_\_\_\_\_  
Name Signature

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day month year

Verified by \_\_\_\_\_  
Name Signature

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day month year

Internal Audit \_\_\_\_\_  
Name Signature

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day month year

Head, Benefit \_\_\_\_\_  
Name Signature

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day month year