

BENEFITS WITHDRAWAL APPLICATION FORM



Guaranty Trust Pension Managers
RC 68066

(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																	
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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

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 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.) ☐

11

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(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) _____

[illegible][illegible]

Declaration

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 personal information that you provide in this form will be collected and processed in accordance with our company's privacy policy and in compliance with the Nigerian Data Protection Act (NDPA) 2023 and other applicable laws. You can access a full copy of our privacy policy on our website at <https://www.gtpensionmanagers.com/our-privacy-policy/>

Signature: _____

Date:

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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