APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT.- PRIVATE ABOVE AGE 50.

I hereby apply for withdrawal from my Retirement Savings Account (RSA). Find below my application details:

RSA Number: P E N

Date: (dd-mm-yyyy)

Affix Passport Picture Here
(Kindly write your RSA PIN on the reverse side)

Title	Surname	First name	Other names
Sex	E-mail		Date of Birth (dd-mm-yyyy)

Residential address (***Kindly note that the address & phone number would be used for further correspondence with you***)

Mobile number		Alternate number	

NOK Details

NOK Name (Surname First)	NOK Telephone Contact

Last Employer details

Employer name	
Department	Designation

Bank Payment details

Bank Account Number	Bank Name	Bank Branch

Kindly provide us with any of the following documents below to further validate the bank details provided above.
Kindly tick the correct option provided.

Bankers Confirmation Letter		Statement of Account		Photocopy of Cheque-leaflet	

Please note: ONLY applications with complete documents would be accepted and processed.

APPLICATION CHECK LIST FOR PRIVATE	Official use	Mode of exit	
Disengagement/separation letter		Termination	
Accrued right response letter from employer		Resignation	
Document validating Bank details		Voluntary retirement	
Age declaration/Birth certificate		Compulsory retirement	
Pay slip for any of the last three months		Mandatory retirement	
A passport photograph		Others specify	
Proof of enrollment with LPPFA			
Agreement (PW/Annuity)			

Note: **ALL** alterations on this form **MUST** be counter signed by the Customer.

Confirm AVC on RSA (Yes/No) ☐ **Do you want to Consolidate AVC and Normal Contributions? (Yes/No)** ☐

I confirm that the information supplied above by me 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 above.

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Customer's Name ***Customer's Signature& Date***

OFFICIAL USE

Confirm passport picture of customer with physical appearance		Confirm signature(branches with midas)	

I hereby certify that original copies of all documents submitted were sighted by me, and the application was duly completed.

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Name of Receiving Officer. *Signature & Date* *Branch Telephone Number*

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