Reference Code

RETIREMENT SAVINGS ACCOUNT FORM

Note: Please do not complete this form if you already have a Retirement Savings Account. Trustfund Pensions Ltd shall not

AGENT CODE be responsible for issues of double registration or any other issues arising from any information given hereunder. Are you currently registered with any PFA? Yes No 1. Personal Information 2. Employment History 5. Primary Next of Kin Entry grade level Entry Step (Numeric) Surname Surname Current grade level Current Step (Numeric) First name First name Middle name Date of first appointment (DDMMYY) Middle name Date of Birth (DDMMYY) Title (Mr/Mrs/Prof. etc.) Gender (M/F) Marital Status Gender (M/F) Relationship 3. Employment Details Single Name of Current Employer Residential Address (Not P.O.Box/P.M.B) State of Origin Married Local Government Divorced Sector (tick as applicable) Employer RC/Reg No. Town State Public Private Widow Primary Mobile Number Date of Birth (DDMMYY) Place of Birth Employer email address Alternate Phone Number **Employer Phone** Residential Address Email Head office address (Not P.O. Box/P.M.B.) Alternate Next of Kin State Town Surname Town State Permanent Home Address First name Staff ID Designation Middle name Town State **Branch Location** Department Date of Birth (DDMMYY) Primary Phone Number 4. Monthly Contribution Gender (M/F) Relationship Salary Structure (e.g. A/PHAS, HAPSS, HAPPIS, HATISS, UASS, etc) Alternate Phone Number Residential Address (Not P.O.Box/P.M.B) **Annual Basic Salary** Annual Transport Allowance Email Other Pensionable Allowance Employee Contribution (Monthly) Town State N Voluntary Contribution (Monthly) Primary Mobile Number Employer Contribution (Monthly) N Alternate Phone Number Total Contribution (Monthly) <u>Email</u>



Passport Photograph Name should be boldly written at the back of the passport. Passport should be on white background. Left Thumb Print Right Thumb Print Black Ink Black Ink **National Identification Number** B V N **Bank Verification Number**

i)	I hereby certify that all information I have provided in this form are true and correct. I understand that it is an offence under the Pension Reform Act 2014 to provide false or misleading information with the intention to defraud.				
ii)	I understand that until the National Pension Commission (PenCom) issues a Personal Identification Number (PIN) and I am informed of such PIN, I have no contractual relationship with Trustfund Pensions Plc (Trustfund).				
iii)	I understand that my PIN shall be confidential and personal to me and may not be made available to unauthorized persons.				
iv)	I agree to be bound by the provisions of the Pension Reform Act 2014 and the Guidelines issued pursuant thereto by PenCom in the management of my Retirement Savings Account.				
Signature/Date					

FOR OFFICIAL USE ONLY						
Please attach copies of the following:						
			YES	NO		
1.	Letter of appoint					
2.	Letter of last pro					
3.	Passport size ph					
4.	Means of Identif	ication				
	(Driver's license,	, Staff ID,				
	National ID etc.)					
5.	Birth Certificate	' Sworn				
	Declaration of A					
CE	RTIFIED BY:					
DA	TE:					
DE	SIGNATION:					
SIG	SNATURE:					
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