

# Retirement Savings Account

Please fill in capital letters.

\* indicates mandatory fields . \*\* indicates Conditional mandatory fields



\* Affix recent passport photo with white background. Names should be boldly written at the back of the passport photograph

## Registration Details SECTION 1

* Form Number	* Registration Type	
<input type="text"/>	<input type="checkbox"/> New <input type="checkbox"/> TPIN Regularization	
RSA PIN	**TPIN	
<input type="text"/>	<input type="text"/>	
Statement Delivery Option	Agent Code	RM Code
<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Hold	<input type="text"/>	<input type="text"/>

## Personal Data SECTION 2A

* Title (Mr, Mrs, Miss, Ms)	* Surname
<input type="text"/>	<input type="text"/>
* First Name	Middle Name
<input type="text"/>	<input type="text"/>
* Date of Birth (DD/MMM/YYYY)	* Place of Birth
<input type="text"/>	<input type="text"/>
* Gender	* Nationality
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
** Local Government Area (For Nigerians only)	** State of Origin (For Nigerians only)
<input type="text"/>	<input type="text"/>
* Marital Status	Mother's Maiden Name
<input type="checkbox"/> Single (SG) Married (MD) Divorced (DV) Widow/er (WD) Separated(SP)	<input type="text"/>
** International Passport Number (Non-Nigerians Only)	* National Identification Number
<input type="text"/>	<input type="text"/>
Bank Verification Number (BVN)	
<input type="text"/>	

## Residential Address SECTION 2B

* Location	House Number/Name
<input type="checkbox"/> Abroad <input type="checkbox"/> Nigeria	<input type="text"/>
Street Name	* Country of Residence Code (See code sheet)
<input type="text"/>	<input type="text"/>
** State Code (See code sheet)	** Local Government Area Code (See code sheet)
<input type="text"/>	<input type="text"/>
** Village/Town/City	** Zip / Postal Code
<input type="text"/>	<input type="text"/>

## Correspondence Address SECTION 2C

Tick if your correspondence address is the same as your residential address. Please provide only your **phone number, email address** and **postal address** in that case.

* Country Code:	* House Number/Name
<input type="text"/>	<input type="text"/>
* Street Name	**Town/City
<input type="text"/>	<input type="text"/>
**State Code:	**Local Government Area Code:
<input type="text"/>	<input type="text"/>
**Zip/Postal Code:	P.O Box / PMB
<input type="text"/>	<input type="text"/>
* Phone Number 1 (Country Code + Number)	* Phone Number 2 (Country Code + Number)
+ <input type="text"/> - <input type="text"/>	+ <input type="text"/> - <input type="text"/>
Email Address	
<input type="text"/>	

## Employment Record

SECTION 3A

* Employer Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Micro Pension <input type="checkbox"/> Cross Border	*Employer Name in Full: (National Pension Commission not PenCom) _____ _____
* Nature of Business (Informal sector only) _____	Employee ID/No. (Formal/Crossborder employees only) _____
Service ID / No. (Police and Paramilitary only) _____	** State of Posting _____
Sector Code _____	** Date of First Appointment (Public Sector - Federal States LG)(DD/MMM/YYYY) ____ / ____ / ____
* Date of Current Employment (Private Sector) (DD/MMM/YYYY) ____ / ____ / ____	Official Email Address _____

## Employer Address

SECTION 3B

* Location <input type="checkbox"/> Abroad <input type="checkbox"/> Nigeria	Building/House Number _____
Street Name _____	** Village/Town/City _____
* Country Code ____	**State Code ____
**Local Government Area Code ____	P.O Box / PMB _____
**Zip / Postal Code _____	Office Phone Number _____
*Employer's Phone no: (Country Code/Number) + ____ - _____	Employer's Mobile: (Country Code/Number) + ____ - _____

## Next of Kin

SECTION 4

* Title (Mr, Mrs, Miss, Ms) _____	* First Name _____
Middle Name _____	* Surname _____
* Relationship _____	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Building/House Number _____	Street Name _____
* Location <input type="checkbox"/> Abroad <input type="checkbox"/> Nigeria	** Village/Town/City _____
* Country Code ( See code sheet) ____	** State Code ( See code sheet) ____
** Local Government Area ( See code sheet) ____	P.O Box / PMB _____
** Zip Code _____	* Mobile Tel. (Nigerian no. if any) + 2 3 4 - _____
Email Address _____	_____

## Additional Voluntary Contribution

SECTION 4

Do you want to subscribe for AVC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount _____
Start Date _____	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Biannually <input type="checkbox"/> Annually

I understand that if my application to open a Retirement Savings Account is refused, I shall be properly notified by ARM Pension Managers. I understand that until the National Pension Commission issues a PIN for my Retirement Savings Account, and I am informed of such PIN by ARM Pension Managers, I have no contractual relationship with ARM Pension Managers. I understand that my Retirement Savings Account PIN shall be confidential and personal to me and I shall not make it available to any unauthorized persons. I hereby certify that I shall not utilize my Retirement Savings Account for any fraudulent or illegal purposes whatsoever. I agree to be bound by all the provisions of the Pension Reform Act 2014, any amendment thereof and all the Guidelines issued by the National Pension Commission and the Multifund Indemnity Clause.

\*I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom) upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Reference Number

\_\_\_\_\_  
\*\* Signature & Date

**For Official Use Only**

Does the applicant have any Physical challenge relating to Fingerprints?

Yes  No

If Yes, Tick Type:

Partial  No

This form was administered by:

_____ Surname	_____ First Name	_____ Agent Code
_____ Designation	_____ Signature	_____ Date (DD/MMM/YYYY)

**Check List for RSA Opening**

	Yes	No
1. Form properly filled out in uppercase	<input type="checkbox"/>	<input type="checkbox"/>
2. Full Information Provided for:		
Personal Data	<input type="checkbox"/>	<input type="checkbox"/>
Employment Record	<input type="checkbox"/>	<input type="checkbox"/>
Next of Kin	<input type="checkbox"/>	<input type="checkbox"/>
Letter of First Appoint or Attestation (Public sector and Police)	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Employment or Appointment	<input type="checkbox"/>	<input type="checkbox"/>
Photograph of impairment (for impaired individuals)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Nationality (for Non-Nigerians)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Evidence of Employment in Host Country (Cross border)	<input type="checkbox"/>	<input type="checkbox"/>
3. RC Number / Business Name of Employer (where required)	<input type="checkbox"/>	<input type="checkbox"/>
4. Passport Photo with full name on the back	<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of Identity		
Staff ID	<input type="checkbox"/>	
International Passport	<input type="checkbox"/>	
Driver's License	<input type="checkbox"/>	
National ID	<input type="checkbox"/>	
NIMC Slip/PVC	<input type="checkbox"/>	
Other (Specify)	_____	
6. Proof of Address		
Utility Bill	<input type="checkbox"/>	
Bank Statement	<input type="checkbox"/>	
Other (Specify)	_____	

Comments  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Approval